

# **2005 Vista User Survey Results**

**March 2005**

A collaborative effort by

**The Vista Partnership's**

**Vista Advisory Survey Work Group**

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2005 Vista User Survey Results .....	1
Participants.....	1
Survey Status .....	1
How Vista is Used .....	3
Use of Vista Utilities.....	4
Age Specific.....	4
Trends Over Time .....	4
Age Trends.....	4
Age Trends.....	5
Grouping Assessment Topics .....	5
Grouping Years .....	5
Temporary Geographic Groupings .....	6
Saving Geographic Groupings.....	6
Custom Data Module .....	7
Streams.....	7
Census Module.....	8
Life Expectancy .....	8
Years per Life Lost .....	8
Cross-tabs for Birth Risk Factors.....	9
Satisfaction with Vista .....	10
Satisfaction with Assessment Topics Available .....	10
Satisfaction with Excel Output .....	11
Satisfaction with the Ease of Use.....	11
Satisfaction with Vista Overall .....	12
How Can Your Satisfaction Be Improved .....	12
Overall Need for Vista.....	13
Fertility Rates.....	13
Birth Risk Factors .....	14
Abortion Pregnancy Rates .....	16
Infant Death Rates and Causes .....	17
Birth Risk Factors for Infant Death .....	18
Death Rates .....	19
Hospitalization Rates .....	20
Life Expectancy Tables.....	21
Tuberculosis Rates .....	22
Sexually Transmitted Disease Rates.....	23
Other Communicable Disease Rates.....	24
Custom Data Module .....	25
Population Tables.....	26
Vista Overall .....	27
Most Useful Aspects of Vista .....	28
What if Vista were No Longer Available .....	29
Vista Training .....	29
Satisfaction with Training Content .....	30
Satisfaction with Training Materials.....	30

Satisfaction with Training Presenters .....	30
Satisfaction with Frequency of Vista Trainings.....	31
Satisfaction with Vista Training Overall .....	31
Preferred Method of Delivering Training and Support.....	32
Training Needs.....	32
Suggestions for Increasing Satisfaction with Training .....	33
Vista Technical Support.....	34
Awareness and Use of Vista Technical Support.....	34
Satisfaction with Content of Support Offered .....	35
Satisfaction with the Courtesy of Support Personnel .....	35
Satisfaction with the Timeliness of Support .....	36
Satisfaction with Technical Support Overall .....	36
Vista Communication .....	37
Satisfaction with Mode of Communication about Vista.....	37
Satisfaction with the Clarity of Communication about Vista .....	37
Satisfaction with the Frequency of Communication about Vista .....	38
Satisfaction with Communication Overall about Vista .....	38
Preferred Mode of Communication About Vista.....	39
Suggestions for Increasing Satisfaction with Communication about Vista .....	40
Additional Comments/Other Feedback.....	40
Appendix A – Typical Use of Vista.....	42
Appendix B – Comments on Utilities.....	50
Appendix C – Suggestions for Increasing Satisfaction .....	52
Appendix D – Most Useful Aspects .....	56
Appendix E – Effect of Not Having Vista.....	60
Appendix F – Training Suggestions .....	67
Appendix G – Communication Suggestions.....	71
Appendix H – Additional Comments/Other Feedback.....	74

## Participants

A user list was provided by the interim DOH Vista Coordinator to the Assessment/Epidemiology Center at Spokane Regional Health District containing 190 user names. Subsequently, one user name was added to the list for a total of 191 users.

Individuals on the list were sent an initial email followed by up to three reminder emails and one telephone call.

Eleven users were no longer employed at the agency, 20 individuals identified themselves as non-users who no longer needed their login to VistaPHw. Another 12 indicated they were not Vista users but would like to maintain their login. Thirteen users did not respond at all and therefore their user status is unknown. A total of 136 active users were verified.

The chart below shows the response rate for the survey broken down by agency category. Overall the survey had an 82.6% user response rate.

Survey Status	Agency Category				
	LHJ's	PH Sea-King	DOH	Other Users	Grand Total
User - Non-responder % (n)	4.6% (3)	14.3% (4)	12.8% (5)	0.0% (0)	8.1% (12)
User - Not connected yet % (n)	0.0% (0)	0.0% (0)	2.6% (1)	0.0% (0)	0.7% (1)
User – Responder % (n)	93.8% (61)	85.7% (24)	64.1% (25)	76.5% (13)	82.6% (123)
User Status Unknown - Non-responder % (n)	1.6% (1)	0% (0)	20.5% (8)	23.5% (4)	8.7% (13)
Grand Total % (n)	100.0% (65)	100.0% (28)	100.0% (39)	100.0% (17)	100.0% (149)

Department of Health employees were just as likely to be frequent or occasional users of Vista as Local Health Jurisdiction employees.

- Frequent users were defined as those who use VistaPHw daily or weekly,
- Occasional users were defined as those who use VistaPHw monthly, and
- In-frequent users use VistaPHw quarterly or annually.

The table below shows over 50% of LHJ, PHSKC, and DOH employees reported being frequent or occasional users of VistaPHw. The majority of other users (Clinics, Academics, hospitals, etc.) are infrequent users of VistaPHw (76.9%).

**User Category \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
User Category	Frequent User	Count	21	7	7	2	37
		% within Agency Category	34.4%	29.2%	28.0%	15.4%	30.1%
	Occassional User	Count	11	6	6	1	24
		% within Agency Category	18.0%	25.0%	24.0%	7.7%	19.5%
	In-frequent User	Count	29	11	12	10	62
		% within Agency Category	47.5%	45.8%	48.0%	76.9%	50.4%
Total	Count	61	24	25	13	123	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

Over half of Vista Users for LHJs, PHSKC, and DOH reported using Vista for 3 or more years.

**q07. How long have you been using Vista? \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q07. How long have you been using Vista?	< 1 year	Count	8	2	5	3	18
		% within Agency Category	13.1%	8.3%	20.0%	23.1%	14.6%
	1 to 2 years	Count	15	5	4	4	28
		% within Agency Category	24.6%	20.8%	16.0%	30.8%	22.8%
	3 to 5 years	Count	23	7	10	5	45
		% within Agency Category	37.7%	29.2%	40.0%	38.5%	36.6%
	6 or more years	Count	15	10	6	1	32
		% within Agency Category	24.6%	41.7%	24.0%	7.7%	26.0%
Total	Count	61	24	25	13	123	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

A large difference between DOH and LHJ users is whether or not respondents felt VistaPHw was their primary analysis tool. Close to three quarters of DOH users said “no” while close to 80% of LHJ respondents said “yes” Vista was their primary tool for analyzing population based public health data.

**q09a. Is Vista your primary tool for accessing and analyzing quantitative population-based public health data? \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q09a. Is Vista your primary tool for accessing and analyzing quantitative population-based public health data?	No Resp onse	Count	0	0	1	0	1
		% within Agency Category	.0%	.0%	4.0%	.0%	.8%
	No	Count	13	5	18	8	44
		% within Agency Category	21.3%	20.8%	72.0%	61.5%	35.8%
	Yes	Count	48	19	6	5	78
		% within Agency Category	78.7%	79.2%	24.0%	38.5%	63.4%
Total	Count	61	24	25	13	123	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## How Vista is Used

The most common uses for Vista for both DOH and LHJ employees were to provide data requests to others within their agency/organization, and data requests from outside the agency/organization. Other Vista users were more likely to use VistaPHw to create public health assessment reports, write grant applications, or use it for some other purpose.

**Percentage of Respondents Who Use Vista for Purpose Listed**

	LHJ	PH Sea-King	DOH	Other	Total
Requests for information from within your agency/organization	81.7%	79.2%	64.0%	35.7%	72.4%
Requests for information from outside your agency/organization	75.0%	62.5%	56.0%	28.6%	63.4%
Public Health assessment reports	76.7%	37.5%	48.0%	50.0%	60.2%
Developing public health fact sheets	56.7%	50.0%	32.0%	28.6%	47.2%
Surveillance	48.3%	62.5%	24.0%	28.6%	43.9%
Grant applications	55.0%	45.8%	16.0%	42.9%	43.9%
Other purpose	10.0%	20.8%	24.0%	42.9%	18.7%
Bioterrorism preparedness and planning	10.0%	12.5%	0.0%	0.0%	7.3%

Respondents were asked to tell us about their typical use of VistaPHw; 114 (92.7%) of Vista users provided an example of how they use Vista. The full text of these answers can be found in Appendix A. Below are just a few examples.

- Example 1: January 2005; guiding question: What are recent trends and current status for Pierce County around all notifiable communicable disease conditions? Requesting audience: internal program managers and fellow epi staff, to inform processes of strategic planning relevant to disease burden. Function: ran 1 and 3 year incidence and mortality rates as indicated for all VISTA available communicable disease outcomes.
- I use VISTA primarily for updating my assessment work whether it be for a presentation on a targeted subject or for a publication, such as the Community Health Fact Sheets we publish periodically. VISTA also informs the work of our Board of Health Advisory Committee as they examine qualitative and quantitative health data in setting priorities for action and recommendation to the Board of Health. We receive many requests from the community too - for instance - my most recent request was last week (Feb 14th, 2005) when a school nurse from one of our small outlying communities requested trend data on teen pregnancy in Kittitas County
- Monitoring hospitalizations for children with special needs, using the custom data module Analyzing cause-specific hospitalization rates in children over time Small area analysis of cause-specific hospitalizations in children.

- Recently, as I was working on my annual communicable disease summary, I used the custom data module within Vista to generate crude counts and rate, and age and sex-specific rates. Generating this report is a Department of Health public health standard for communicable disease surveillance. I started working on this project in November.

## Use of Vista Utilities

Over the years Vista has developed various utilities in response to user feedback. In this survey the Vista Partnership was trying to identify how widely used each of the utilities were. Again the results are reported by agency category.

### Age Specific

Over 60% of DOH, and over 70% of LHJ and PHSKC users report using the ability to querying by age specific categories often.

Q12a. Age-specific utilities? \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
Q12a. Age-specific utilities?	Often	Count	44	17	14	6	81
		% within Agency Category	73.3%	77.3%	60.9%	46.2%	68.6%
	Rarely	Count	12	3	8	3	26
		% within Agency Category	20.0%	13.6%	34.8%	23.1%	22.0%
	Never	Count	2	2	1	3	8
		% within Agency Category	3.3%	9.1%	4.3%	23.1%	6.8%
	Not aware I could	Count	2	0	0	1	3
		% within Agency Category	3.3%	.0%	.0%	7.7%	2.5%
Total	Count	60	22	23	13	118	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Trends Over Time

Over half of LHJ, PHSKC, and Other Vista users report using the ability to look at trends over time often. While 45.8% of DOH users use trends over time often.

q12b.Trend over time \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12b.Trend over time	Often	Count	33	16	11	8	68
		% within Agency Category	55.9%	69.6%	45.8%	61.5%	57.1%
	Rarely	Count	18	4	8	3	33
		% within Agency Category	30.5%	17.4%	33.3%	23.1%	27.7%
	Never	Count	5	2	4	1	12
		% within Agency Category	8.5%	8.7%	16.7%	7.7%	10.1%
	Not aware I could	Count	3	1	1	1	6
		% within Agency Category	5.1%	4.3%	4.2%	7.7%	5.0%
Total	Count	59	23	24	13	119	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Age Trends

Over 50% of all LHJ and PHSKC users report using the ability to look at age trends often. While 46.2% of Other and 37.5% of DOH users use age trends often.

q12c. Age trends \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12c. Age trends	Often	Count	31	13	9	6	59
		% within Agency Category	52.5%	56.5%	37.5%	46.2%	49.6%
	Rarely	Count	16	5	7	2	30
		% within Agency Category	27.1%	21.7%	29.2%	15.4%	25.2%
	Never	Count	8	5	7	3	23
		% within Agency Category	13.6%	21.7%	29.2%	23.1%	19.3%
	Not aware I could	Count	4	0	1	2	7
		% within Agency Category	6.8%	.0%	4.2%	15.4%	5.9%
Total	Count	59	23	24	13	119	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Grouping Assessment Topics

Fewer than 20% of LHJ, DOH, and Other respondents indicated they often used the ability to group assessment topics utility in Vista. Close to 1 in 3 LHJ users (29.1%), 1 in 10 DOH and PH Sea-King users (9.1%), and over 1 in 3 other users (38.5%) were not aware of this utility.

q12d. Grouping assessment topics to form a new subset \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12d. Grouping assessment topics to form a new subset	Often	Count	9	5	3	2	19
		% within Agency Category	16.4%	22.7%	13.6%	15.4%	17.0%
	Rarely	Count	16	10	10	4	40
		% within Agency Category	29.1%	45.5%	45.5%	30.8%	35.7%
	Never	Count	14	5	7	2	28
		% within Agency Category	25.5%	22.7%	31.8%	15.4%	25.0%
	Not aware I could	Count	16	2	2	5	25
		% within Agency Category	29.1%	9.1%	9.1%	38.5%	22.3%
Total	Count	55	22	22	13	112	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Grouping Years

A high percentage of users reported often using the ability to group years in Vista (76.7%), while no respondents reported not knowing about this utility.

q12e. Combining multiple years (e.g. 1998-2002) \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12e. Combining multiple years (e.g. 1998-2002)	Often	Count	49	19	15	9	92
		% within Agency Category	81.7%	82.6%	62.5%	69.2%	76.7%
	Rarely	Count	10	2	8	4	24
		% within Agency Category	16.7%	8.7%	33.3%	30.8%	20.0%
	Never	Count	1	2	1	0	4
		% within Agency Category	1.7%	8.7%	4.2%	.0%	3.3%
Total	Count	60	23	24	13	120	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	



## Temporary Geographic Groupings

PH Sea-King users are the most likely to report using this utility often (60.9%), while other users are the most likely to not know they could group geographic areas temporarily (23.1%).

q12f. Grouping geographic areas temporarily \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12f. Grouping geographic areas temporarily	Often	Count	18	14	7	5	44
		% within Agency Category	31.0%	60.9%	29.2%	38.5%	37.3%
	Rarely	Count	24	6	11	4	45
		% within Agency Category	41.4%	26.1%	45.8%	30.8%	38.1%
	Never	Count	11	3	5	1	20
		% within Agency Category	19.0%	13.0%	20.8%	7.7%	16.9%
	Not aware I could	Count	5	0	1	3	9
		% within Agency Category	8.6%	.0%	4.2%	23.1%	7.6%
Total	Count	58	23	24	13	118	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Saving Geographic Groupings

DOH and Other users do not use this utility often, while just under 1 in 4 LHJ users (22.4%) and over half of PH Sea-King users (52.2%), use the utility often. DOH had 12.5%, LHJs had 15.5%, and Other users had 46.2% reporting they did not know about this utility.

q12g. Saving geographic groupings \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12g. Saving geographic groupings	Often	Count	13	12	3	1	29
		% within Agency Category	22.4%	52.2%	12.5%	7.7%	24.6%
	Rarely	Count	20	5	9	3	37
		% within Agency Category	34.5%	21.7%	37.5%	23.1%	31.4%
	Never	Count	16	5	9	3	33
		% within Agency Category	27.6%	21.7%	37.5%	23.1%	28.0%
	Not aware I could	Count	9	1	3	6	19
		% within Agency Category	15.5%	4.3%	12.5%	46.2%	16.1%
Total	Count	58	23	24	13	118	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Custom Data Module

PH Sea-King users (34.8%), followed by other users (23.1%) reported the largest proportion using the Custom Data Module. This is a new utility that has been available for less than one year. Over half of DOH, PH Sea-King and LHJ users report they never use this utility, while 16.1% of LHJ and 23.1% of other users are unaware of the utility.

q12h. Custom Data Module \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12h. Custom Data Module	Often	Count	2	8	1	3	14
		% within Agency Category	3.6%	34.8%	4.5%	23.1%	12.3%
	Rarely	Count	14	3	8	4	29
		% within Agency Category	25.0%	13.0%	36.4%	30.8%	25.4%
	Never	Count	31	12	12	3	58
		% within Agency Category	55.4%	52.2%	54.5%	23.1%	50.9%
	Not aware I could	Count	9	0	1	3	13
		% within Agency Category	16.1%	.0%	4.5%	23.1%	11.4%
Total	Count	56	23	22	13	114	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Streams

LHJ and PH Sea-King users are the only ones who reported using the streams utility often. A large percentage of LHJ (50%) and DOH (63.6%) users report never using this utility. One-half of other users and one-quarter of both LHJ and PHSKC users are unaware of this utility.

q12i. Streams \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12i. Streams	Often	Count	8	5	0	0	13
		% within Agency Category	14.3%	21.7%	.0%	.0%	11.4%
	Rarely	Count	6	6	5	2	19
		% within Agency Category	10.7%	26.1%	22.7%	15.4%	16.7%
	Never	Count	28	6	14	4	52
		% within Agency Category	50.0%	26.1%	63.6%	30.8%	45.6%
	Not aware I could	Count	14	6	3	7	30
		% within Agency Category	25.0%	26.1%	13.6%	53.8%	26.3%
Total	Count	56	23	22	13	114	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Census Module

PH Sea-King (56.5%) and LHJ (28.1%) users are most likely to use the census module often than are either DOH (4.3%) or other users (14.3%). LHJ (14%) and Other (23.1%) users are most likely to be unaware of the census module utility.

q12j. Census Module \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12j. Census Module	Often	Count	16	13	1	2	32
		% within Agency Category	28.1%	56.5%	4.3%	15.4%	27.6%
	Rarely	Count	22	6	7	6	41
		% within Agency Category	38.6%	26.1%	30.4%	46.2%	35.3%
	Never	Count	11	2	14	2	29
		% within Agency Category	19.3%	8.7%	60.9%	15.4%	25.0%
	Not aware I could	Count	8	2	1	3	14
		% within Agency Category	14.0%	8.7%	4.3%	23.1%	12.1%
Total	Count	57	23	23	13	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Life Expectancy

PHSKC users (18.2%) are the most likely to report using the life expectancy utility often, while DOH users (65.2%) are the most likely to report never using this utility.

q12k. Life Expectancy \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12k. Life Expectancy	Often	Count	9	4	2	2	17
		% within Agency Category	16.1%	18.2%	8.7%	15.4%	14.9%
	Rarely	Count	23	5	6	4	38
		% within Agency Category	41.1%	22.7%	26.1%	30.8%	33.3%
	Never	Count	19	11	15	6	51
		% within Agency Category	33.9%	50.0%	65.2%	46.2%	44.7%
	Not aware I could	Count	5	2	0	1	8
		% within Agency Category	8.9%	9.1%	.0%	7.7%	7.0%
Total	Count	56	22	23	13	114	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Years per Life Lost

LHJ Vista users (8.9%) were most likely to use the YPLL utility in Vista often. The majority of all users said they rarely (37.4%) or never (44.3%) use the utility.

q12l. Years per Life Lost \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12l. Years per Life Lost	Often	Count	5	1	0	0	6
		% within Agency Category	8.9%	4.3%	.0%	.0%	5.2%
	Rarely	Count	20	10	9	4	43
		% within Agency Category	35.7%	43.5%	39.1%	30.8%	37.4%
	Never	Count	23	9	13	6	51
		% within Agency Category	41.1%	39.1%	56.5%	46.2%	44.3%
	Not aware I could	Count	8	3	1	3	15
		% within Agency Category	14.3%	13.0%	4.3%	23.1%	13.0%
Total	Count	56	23	23	13	115	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Cross-tabs for Birth Risk Factors

One in five LHJ (19%), PH Sea-King (21.7%) and Other (23.1%) users indicated often using the cross-tab utility for birth risk factors, while 12.5% of DOH users reported often using this utility. LHJ (15.5%) and Other (15.4%) users were the most likely to be unaware of this utility.

q12m.Cross-tabs for birth risk factors \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q12m.Cross-tabs for birth risk factors	Often	Count	11	5	3	3	22
		% within Agency Category	19.0%	21.7%	12.5%	23.1%	18.6%
	Rarely	Count	21	8	8	2	39
		% within Agency Category	36.2%	34.8%	33.3%	15.4%	33.1%
	Never	Count	17	9	10	6	42
		% within Agency Category	29.3%	39.1%	41.7%	46.2%	35.6%
	Not aware I could	Count	9	1	3	2	15
		% within Agency Category	15.5%	4.3%	12.5%	15.4%	12.7%
Total	Count	58	23	24	13	118	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

Respondents were given the opportunity to make comments regarding the utilities available in Vista and 39 individuals did so. The full text of all the comments is available in Appendix B. A few examples are provided below.

- The specialized utilities I have tried in the past (e.g. creating age groupings) have not seemed user friendly, with accompanying 'help' guides that are somewhat cryptic and too abbreviated. 'Help' could be expanded and improved.
- I don't know if you do this, but I would love to be able to attend a yearly seminar of Vista to be reminded about how to use specific utilities and to learn new stuff that has been added in.
- I would love to be able to save the groupings of assessment topics so that I could use them again. I typically have to combine the intents for a mechanism of injury, for example firearm deaths (combine those from unintentional, homicide, suicide, and undetermined). Right now I'm not aware of a way to save those groupings.
- VISTA is instrumental in our work in terms of both accessing and analyzing the data it contains. We use VISTA most often to fulfill contract work from the State Department of Health, but we also use VISTA for other research and evaluation projects and for grant writing, albeit less frequently. I selected 'Not Aware I Could' for many options, because I don't often use VISTA, and haven't taken the time to learn all capabilities, just used it with one function in mind. Though I'm sure it would be easy to explore other options offered if I need to. Thanks very much!
- Vista is a great tool, the likes of which are unequaled. I would hope that resources could be found to help expand it's current capabilities more quickly (e.g., expand current program to include BRFSS/HYS survey data and SF-4 census data).

- If I had one comment to make it would be that keeping the data current is vital to whether I can use Vista or have to turn to doing data analysis in some other statistical tool.
- If a specific utility is non-functional (such as recently happened for race-specific rates using 2002 data), then users should not be able to access that function.

### Satisfaction with Vista

While Vista utilities addressed how frequently users used the various ways in which data can be manipulated in Vista, this category of questioning addressed the user's satisfaction with Vista's functionality.

### Satisfaction with Assessment Topics Available

Vista's assessment topics include both, access to multiple data sets and some of the utilities for manipulating data as listed above.

75% or more of DOH, LHJ, and PHSKC users were satisfied to very satisfied with the assessment topics currently available in Vista.

q14a. Assessment topics currently available in Vista \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q14a. Assessment topics currently available in Vista	Very dissatisfied	Count	1	0	0	1	2
		% within Agency Category	1.6%	.0%	.0%	8.3%	1.7%
	Dissatisfied	Count	2	0	0	0	2
		% within Agency Category	3.3%	.0%	.0%	.0%	1.7%
	Neither dissatisfied or satisfied	Count	9	5	6	4	24
		% within Agency Category	14.8%	21.7%	25.0%	33.3%	20.0%
	Satisfied	Count	33	10	15	2	60
		% within Agency Category	54.1%	43.5%	62.5%	16.7%	50.0%
	Very satisfied	Count	16	8	3	5	32
		% within Agency Category	26.2%	34.8%	12.5%	41.7%	26.7%
Total	Count	61	23	24	12	120	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Satisfaction with Excel Output

A query in Vista currently offers two options for how the resultant data will be displayed, in an Excel spreadsheet or a grid output. The most commonly used output is Excel.

All of the PHSKC (100%), most LHJ (88.4%) and other users (84.6%) are satisfied or very satisfied with the Excel output, while two-thirds of DOH users are satisfied or very satisfied (66.7%).

q14b. Vista's Excel output \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q14b. Vista's Excel output	Very dissatisfied	Count	0	0	0	1	1
		% within Agency Category	.0%	.0%	.0%	7.7%	.8%
	Neither dissatisfied or satisfied	Count	7	0	8	1	16
		% within Agency Category	11.7%	.0%	33.3%	7.7%	13.4%
	Satisfied	Count	34	10	10	4	58
		% within Agency Category	56.7%	45.5%	41.7%	30.8%	48.7%
	Very satisfied	Count	19	12	6	7	44
		% within Agency Category	31.7%	54.5%	25.0%	53.8%	37.0%
Total	Count	60	22	24	13	119	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Satisfaction with the Ease of Use

The majority of Vista users reported they were satisfied (44.6%) or very satisfied (37.2%) with how easy Vista is to use. Most LHJ (88.5%), PH Sea-King (86.9%), and other (77%) users are satisfied or very satisfied with the ease of use, while two-thirds of DOH users are satisfied or very satisfied (62.5%).

q14c. Vista's ease of use \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q14c. Vista's ease of use	Very dissatisfied	Count	0	0	0	1	1
		% within Agency Category	.0%	.0%	.0%	7.7%	.8%
	Dissatisfied	Count	1	0	2	0	3
		% within Agency Category	1.6%	.0%	8.3%	.0%	2.5%
	Neither dissatisfied or satisfied	Count	6	3	7	2	18
		% within Agency Category	9.8%	13.0%	29.2%	15.4%	14.9%
	Satisfied	Count	30	11	9	4	54
		% within Agency Category	49.2%	47.8%	37.5%	30.8%	44.6%
	Very satisfied	Count	24	9	6	6	45
		% within Agency Category	39.3%	39.1%	25.0%	46.2%	37.2%
Total	Count	61	23	24	13	121	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Satisfaction with Vista Overall

Regardless of agency affiliation, at least three-quarters of Vista users in each category are satisfied or very satisfied with Vista overall.

q14d. Vista overall \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q14d. Vista overall	Very dissatisfied	Count	0	0	0	1	1
		% within Agency Category	.0%	.0%	.0%	8.3%	.8%
	Neither dissatisfied or satisfied	Count	7	2	6	2	17
		% within Agency Category	11.5%	8.7%	25.0%	16.7%	14.2%
	Satisfied	Count	31	10	13	3	57
		% within Agency Category	50.8%	43.5%	54.2%	25.0%	47.5%
	Very satisfied	Count	23	11	5	6	45
		% within Agency Category	37.7%	47.8%	20.8%	50.0%	37.5%
Total	Count	61	23	24	12	120	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## How Can Your Satisfaction Be Improved

A large majority (85%) of Vista users who completed the survey reported being satisfied (47.5%) or very satisfied (37.5%) with Vista overall. Those reporting being less than *very satisfied* were asked to offer suggestions on how their satisfaction could be improved. Sixty respondents provided suggestions that were categorized into the following six topic areas. The full text of all the responses can be found in Appendix C.

- A quarter of the respondents who made comments wanted **additional assessment topics and/or data sources included in Vista**.  
*“I would like to see BRFSS data available via Vista.”*
- Nearly a quarter of the respondents who made comments wanted changes to **Vista’s output**.  
*“Excel output for LB and UB could be more convenient. For example, the confidence interval could be produced directly (in addition to bounds) for use in generating error bars (otherwise I have to have Excel calculate this interval based on the LB and UB).”*
- Over twenty percent of the respondents who made suggestions wanted **Vista’s functionality increased**.  
*“Would love mapping and generation of tables/charts instead of straight Excel tables.”*
- Nearly twenty percent of the respondents who made comments addressed the **needs of infrequent or inexperienced users**.  
*“I really need to learn to better use it. I’ve lost the know how pretty much, when it seemed that several changes – updates were happening at once and I couldn’t keep up. I suspect I under use it and could benefit more from it if I better understood all the features, and how to get what I want more easily.”*

- Over fifteen percent of the respondents who made comments were concerned about the **timeliness of data**.  
*“Timeliness of data. Having ‘current’ data available more quickly. It is now 2005 and only very recently did we get 2003 data.”*
- Nearly fifteen percent of the respondents who made comments shared their concerns about **Vista’s ease of use**.  
*“Ease of use: The interface is sometimes confusing. I’m not sure I still understand the order in which things must be selected in order to launch Vista. Often I start out by selecting on e thing (i.e., geography or age groups), and then have to go back and re-select the same thing when I realize that I was supposed to select that particular variable after something else.”*

## Overall Need for Vista

In this section, we wanted to find out how essential each of the Vista assessment topics were to fulfilling the data needs of the user’s job. Many different types of employees use Vista to analyze data in Washington State. The job titles provided in the survey are all over the board. There are statisticians, epidemiologists, public health nurses, tobacco program coordinators, health educators and program managers, to name a few. How essential the user felt Vista was to fulfilling the data needs of their job could be reflective of how frequently the user needed to use Vista. Therefore, in this section, the responses are shown by user category and by agency category. The table below, showing agency category by frequency of use category, is repeated here for your reference.

User Category \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
User Category	Frequent User	Count	21	7	7	2	37
		% within Agency Category	34.4%	29.2%	28.0%	15.4%	30.1%
	Occassional User	Count	11	6	6	1	24
		% within Agency Category	18.0%	25.0%	24.0%	7.7%	19.5%
	In-frequent User	Count	29	11	12	10	62
		% within Agency Category	47.5%	45.8%	48.0%	76.9%	50.4%
Total	Count	61	24	25	13	123	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Fertility Rates

82.9% of frequent users reported the ability to analyze fertility rates was essential to very essential, while 56.5% of occasional users and 34.5% of in-frequent users did so.



**q16a. Fertility rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16a. Fertility rates	Not at all essential	Count	0	3	8	11
		% within User Category	.0%	13.0%	13.8%	9.5%
	Not essential	Count	3	5	5	13
		% within User Category	8.6%	21.7%	8.6%	11.2%
	Essential	Count	10	3	12	25
		% within User Category	28.6%	13.0%	20.7%	21.6%
	Very essential	Count	19	10	8	37
		% within User Category	54.3%	43.5%	13.8%	31.9%
	Do not use	Count	3	2	25	30
		% within User Category	8.6%	8.7%	43.1%	25.9%
Total		Count	35	23	58	116
		% within User Category	100.0%	100.0%	100.0%	100.0%

LHJ Users were the most likely to report the ability to analyze fertility rates using Vista as essential or very essential (67.3%).

**q16a. Fertility rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16a. Fertility rates	Not at all essential	Count	5	5	0	1	11
		% within Agency Category	8.6%	22.7%	.0%	8.3%	9.5%
	Not essential	Count	4	2	4	3	13
		% within Agency Category	6.9%	9.1%	16.7%	25.0%	11.2%
	Essential	Count	16	4	3	2	25
		% within Agency Category	27.6%	18.2%	12.5%	16.7%	21.6%
	Very essential	Count	23	5	8	1	37
		% within Agency Category	39.7%	22.7%	33.3%	8.3%	31.9%
	Do not use	Count	10	6	9	5	30
		% within Agency Category	17.2%	27.3%	37.5%	41.7%	25.9%
Total		Count	58	22	24	12	116
		% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%

## Birth Risk Factors

86.1% of frequent users reported the ability to analyze birth risk factors was essential to very essential, while 65.2% of occasional users and 51.5% of in-frequent users did so.

**q16b. Birth Risk Factors \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16b. Birth Risk Factors	Not at all essential	Count	1	3	7	11
		% within User Category	2.8%	13.0%	12.1%	9.4%
	Not essential	Count	1	3	2	6
		% within User Category	2.8%	13.0%	3.4%	5.1%
	Essential	Count	5	4	13	22
		% within User Category	13.9%	17.4%	22.4%	18.8%
	Very essential	Count	26	11	17	54
		% within User Category	72.2%	47.8%	29.3%	46.2%
	Do not use	Count	3	2	19	24
		% within User Category	8.3%	8.7%	32.8%	20.5%
Total	Count	36	23	58	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

LHJ (75%), DOH (65.2%), and Other (58.3%) users were more likely to report the birth risk factors assessment topic to be essential or very essential than were PH Sea-King users (40.9%).

**q16b. Birth Risk Factors \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16b. Birth Risk Factors	Not at all essential	Count	5	5	0	1	11
		% within Agency Category	8.3%	22.7%	.0%	8.3%	9.4%
	Not essential	Count	3	1	2	0	6
		% within Agency Category	5.0%	4.5%	8.7%	.0%	5.1%
	Essential	Count	12	2	5	3	22
		% within Agency Category	20.0%	9.1%	21.7%	25.0%	18.8%
	Very essential	Count	33	7	10	4	54
		% within Agency Category	55.0%	31.8%	43.5%	33.3%	46.2%
	Do not use	Count	7	7	6	4	24
		% within Agency Category	11.7%	31.8%	26.1%	33.3%	20.5%
Total	Count	60	22	23	12	117	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Abortion Pregnancy Rates

86.1% of frequent users reported the ability to analyze abortion and pregnancy rates was essential to very essential, while 68.2% of occasional users and 44.9% of in-frequent users did so.

**q16c. Abortion/Pregnancy Rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16c. Abortion/Pregnancy Rates	Not at all essential	Count	0	3	6	9
		% within User Category	.0%	13.6%	10.3%	7.8%
	Not essential	Count	3	3	7	13
		% within User Category	8.3%	13.6%	12.1%	11.2%
	Essential	Count	12	5	11	28
		% within User Category	33.3%	22.7%	19.0%	24.1%
	Very essential	Count	19	10	15	44
		% within User Category	52.8%	45.5%	25.9%	37.9%
	Do not use	Count	2	1	19	22
		% within User Category	5.6%	4.5%	32.8%	19.0%
Total	Count	36	22	58	116	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

LHJ users were the most likely to consider the abortion/pregnancy rates assessment topic to be essential to very essential (74.6%), while over 50% of both DOH and Other users did so. PH Sea-King users were the most likely to report this topic being not at all or not essential (38.1%).

**q16c. Abortion/Pregnancy Rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16c. Abortion/Pregnancy Rates	Not at all essential	Count	4	5	0	0	9
		% within Agency Category	6.8%	23.8%	.0%	.0%	7.8%
	Not essential	Count	4	3	4	2	13
		% within Agency Category	6.8%	14.3%	16.7%	16.7%	11.2%
	Essential	Count	16	4	5	3	28
		% within Agency Category	27.1%	19.0%	20.8%	25.0%	24.1%
	Very essential	Count	28	4	8	4	44
		% within Agency Category	47.5%	19.0%	33.3%	33.3%	37.9%
	Do not use	Count	7	5	7	3	22
		% within Agency Category	11.9%	23.8%	29.2%	25.0%	19.0%
Total	Count	59	21	24	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Infant Death Rates and Causes

86.1% of frequent users reported the ability to analyze infant death rates and causes was essential to very essential, while 65.2% of occasional users and 56.1% of in-frequent users did so.

**q16d. Infant Death Rates and Causes \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16d. Infant Death Rates and Causes	Not at all essential	Count	1	2	5	8
		% within User Category	2.8%	8.7%	8.8%	6.9%
	Not essential	Count	1	5	4	10
		% within User Category	2.8%	21.7%	7.0%	8.6%
	Essential	Count	10	4	15	29
		% within User Category	27.8%	17.4%	26.3%	25.0%
	Very essential	Count	21	11	17	49
		% within User Category	58.3%	47.8%	29.8%	42.2%
	Do not use	Count	3	1	16	20
		% within User Category	8.3%	4.3%	28.1%	17.2%
Total	Count	36	23	57	116	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

LHJ users were the most likely to report the infant death rates and causes assessment topic as being essential to very essential to fulfilling the data needs of their job (75.9%), while 62.5% of DOH users did so. PH Sea-King users were the least likely to report this assessment topic as being essential with 27.2% reporting it was not at all or not essential. Other users were the most likely to not use this assessment topic (33.3%).

**q16d. Infant Death Rates and Causes \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16d. Infant Death Rates and Causes	Not at all essential	Count	4	3	0	1	8
		% within Agency Category	6.9%	13.6%	.0%	8.3%	6.9%
	Not essential	Count	4	3	3	0	10
		% within Agency Category	6.9%	13.6%	12.5%	.0%	8.6%
	Essential	Count	17	3	8	1	29
		% within Agency Category	29.3%	13.6%	33.3%	8.3%	25.0%
	Very essential	Count	27	9	7	6	49
		% within Agency Category	46.6%	40.9%	29.2%	50.0%	42.2%
	Do not use	Count	6	4	6	4	20
		% within Agency Category	10.3%	18.2%	25.0%	33.3%	17.2%
Total	Count	58	22	24	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Birth Risk Factors for Infant Death

83.3% of frequent users reported the ability to analyze birth risk factors for infant death was essential to very essential, while 60.8% of occasional users and 51.8% of infrequent users did so.

**q16e. Birth Risk Factors for Infant Death \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16e. Birth Risk Factors for Infant Death	Not at all essential	Count	1	3	6	10
		% within User Category	2.8%	13.0%	10.3%	8.5%
	Not essential	Count	2	5	4	11
		% within User Category	5.6%	21.7%	6.9%	9.4%
	Essential	Count	9	5	15	29
		% within User Category	25.0%	21.7%	25.9%	24.8%
	Very essential	Count	21	9	15	45
		% within User Category	58.3%	39.1%	25.9%	38.5%
	Do not use	Count	3	1	18	22
		% within User Category	8.3%	4.3%	31.0%	18.8%
Total	Count	36	23	58	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The majority of LHJ users reported the birth risk factors for infant death assessment topic as essential or very essential (72.9%), while 58.4% of DOH users and 58.3% of other users did so. PH Sea-King users were the least likely to report this assessment topic as being essential with 36.3% reporting it was not at all or not essential.

**q16e. Birth Risk Factors for Infant Death \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16e. Birth Risk Factors for Infant Death	Not at all essential	Count	4	5	0	1	10
		% within Agency Category	6.8%	22.7%	.0%	8.3%	8.5%
	Not essential	Count	5	3	3	0	11
		% within Agency Category	8.5%	13.6%	12.5%	.0%	9.4%
	Essential	Count	17	2	7	3	29
		% within Agency Category	28.8%	9.1%	29.2%	25.0%	24.8%
	Very essential	Count	26	8	7	4	45
		% within Agency Category	44.1%	36.4%	29.2%	33.3%	38.5%
	Do not use	Count	7	4	7	4	22
		% within Agency Category	11.9%	18.2%	29.2%	33.3%	18.8%
Total	Count	59	22	24	12	117	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Death Rates

91.7% of frequent users reported the ability to analyze death rates was essential to very essential, while 73.9% of occasional users and 70.7% of in-frequent users did so.

**q16f. Death Rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16f. Death Rates	Not at all essential	Count	1	1	2	4
		% within User Category	2.8%	4.3%	3.4%	3.4%
	Not essential	Count	2	4	6	12
		% within User Category	5.6%	17.4%	10.3%	10.3%
	Essential	Count	5	4	14	23
		% within User Category	13.9%	17.4%	24.1%	19.7%
	Very essential	Count	28	13	27	68
		% within User Category	77.8%	56.5%	46.6%	58.1%
	Do not use	Count	0	1	9	10
		% within User Category	.0%	4.3%	15.5%	8.5%
Total	Count	36	23	58	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The death rates assessment topic is considered to be essential to very essential by 84.7% of LHJ, 83.3% of Other, 72.7% PHSKC, and 62.5% of DOH users.

**q16f. Death Rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16f. Death Rates	Not at all essential	Count	2	1	0	1	
		% within Agency Category	3.4%	4.5%	.0%	8.3%	3.4%
	Not essential	Count	4	3	4	1	12
		% within Agency Category	6.8%	13.6%	16.7%	8.3%	10.3%
	Essential	Count	11	2	7	3	23
		% within Agency Category	18.6%	9.1%	29.2%	25.0%	19.7%
	Very essential	Count	39	14	8	7	68
		% within Agency Category	66.1%	63.6%	33.3%	58.3%	58.1%
	Do not use	Count	3	2	5	0	10
		% within Agency Category	5.1%	9.1%	20.8%	.0%	8.5%
Total	Count	59	22	24	12	117	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Hospitalization Rates

94.4% of frequent users reported the ability to analyze hospitalization rates was essential to very essential, while 69.6% of occasional users and 69% of in-frequent users did so.

**q16g. Hospitalization Rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16g. Hospitalization Rates	Not at all essential	Count	1	1	2	4
		% within User Category	2.8%	4.3%	3.4%	3.4%
	Not essential	Count	0	5	8	13
		% within User Category	.0%	21.7%	13.8%	11.1%
	Essential	Count	12	8	15	35
		% within User Category	33.3%	34.8%	25.9%	29.9%
	Very essential	Count	22	8	25	55
		% within User Category	61.1%	34.8%	43.1%	47.0%
	Do not use	Count	1	1	8	10
		% within User Category	2.8%	4.3%	13.8%	8.5%
Total	Count	36	23	58	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The hospitalization rates assessment topic was seen as essential to very essential by 91.7% of Other, 87.9% of LHJ, 59.1% of PHSKC, and 58.4% of DOH users.

**q16g. Hospitalization Rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16g. Hospitalization Rates	Not at all essential	Count	1	2	0	1	4
		% within Agency Category	1.7%	9.1%	.0%	8.3%	3.4%
	Not essential	Count	5	3	5	0	13
		% within Agency Category	8.6%	13.6%	20.8%	.0%	11.2%
	Essential	Count	22	3	7	3	35
		% within Agency Category	37.9%	13.6%	29.2%	25.0%	30.2%
	Very essential	Count	29	10	7	8	54
		% within Agency Category	50.0%	45.5%	29.2%	66.7%	46.6%
	Do not use	Count	1	4	5	0	10
		% within Agency Category	1.7%	18.2%	20.8%	.0%	8.6%
Total	Count	58	22	24	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Life Expectancy Tables

60% of frequent users reported the ability to analyze life expectancy tables was essential to very essential, while 52.2% of occasional users and 37.9% of in-frequent users did so.

**q16h. Life Expectancy Tables \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16h. Life Expectancy Tables	Not at all essential	Count	3	3	5	11
		% within User Category	8.6%	13.0%	8.6%	9.5%
	Not essential	Count	6	6	10	22
		% within User Category	17.1%	26.1%	17.2%	19.0%
	Essential	Count	14	8	9	31
		% within User Category	40.0%	34.8%	15.5%	26.7%
	Very essential	Count	7	4	13	24
		% within User Category	20.0%	17.4%	22.4%	20.7%
	Do not use	Count	5	2	21	28
		% within User Category	14.3%	8.7%	36.2%	24.1%
Total	Count	35	23	58	116	
	% within User Category	100.0%	100.0%	100.0%	100.0%	



The life expectancy tables assessment topic was seen as essential to very essential by 62% of LHJ, 41.6% of Other, 36.4% of PHSKC, and 25% of DOH users.

**q16h. Life Expectancy Tables \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16h. Life Expectancy Tables	Not at all essential	Count	4	4	2	1	11
		% within Agency Category	6.9%	18.2%	8.3%	8.3%	9.5%
	Not essential	Count	10	3	7	2	22
		% within Agency Category	17.2%	13.6%	29.2%	16.7%	19.0%
	Essential	Count	22	4	4	1	31
		% within Agency Category	37.9%	18.2%	16.7%	8.3%	26.7%
	Very essential	Count	14	4	2	4	24
		% within Agency Category	24.1%	18.2%	8.3%	33.3%	20.7%
	Do not use	Count	8	7	9	4	28
		% within Agency Category	13.8%	31.8%	37.5%	33.3%	24.1%
Total	Count	58	22	24	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Tuberculosis Rates

55.6% of frequent users reported the ability to analyze tuberculosis rates was essential to very essential, while 69.6% of occasional users and 51.8% of in-frequent users did so.

**q16i. Tuberculosis Rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16i. Tuberculosis Rates	Not at all essential	Count	2	3	4	9
		% within User Category	5.6%	13.0%	6.9%	7.7%
	Not essential	Count	9	3	6	18
		% within User Category	25.0%	13.0%	10.3%	15.4%
	Essential	Count	11	10	15	36
		% within User Category	30.6%	43.5%	25.9%	30.8%
	Very essential	Count	9	6	15	30
		% within User Category	25.0%	26.1%	25.9%	25.6%
	Do not use	Count	5	1	18	24
		% within User Category	13.9%	4.3%	31.0%	20.5%
Total	Count	36	23	58	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The tuberculosis rates assessment topic was seen as essential to very essential by 76.3% of LHJ, 50% of Other, 45.5% of PHSKC, and 20.8% of DOH users.

**q16i. Tuberculosis Rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16i. Tuberculosis Rates	Not at all essential	Count	2	2	5	0	9
		% within Agency Category	3.4%	9.1%	20.8%	.0%	7.7%
	Not essential	Count	7	4	3	4	18
		% within Agency Category	11.9%	18.2%	12.5%	33.3%	15.4%
	Essential	Count	22	6	5	3	36
		% within Agency Category	37.3%	27.3%	20.8%	25.0%	30.8%
	Very essential	Count	23	4	0	3	30
		% within Agency Category	39.0%	18.2%	.0%	25.0%	25.6%
	Do not use	Count	5	6	11	2	24
		% within Agency Category	8.5%	27.3%	45.8%	16.7%	20.5%
Total	Count	59	22	24	12	117	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Sexually Transmitted Disease Rates

60% of frequent users reported the ability to analyze sexually transmitted disease rates was essential to very essential, while 78.2% of occasional users and 60.4% of in-frequent users did so.

**q16j. STD Rates \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16j. STD Rates	Not at all essential	Count	2	2	4	8
		% within User Category	5.7%	8.7%	6.9%	6.9%
	Not essential	Count	8	2	5	15
		% within User Category	22.9%	8.7%	8.6%	12.9%
	Essential	Count	10	11	11	32
		% within User Category	28.6%	47.8%	19.0%	27.6%
	Very essential	Count	11	7	24	42
		% within User Category	31.4%	30.4%	41.4%	36.2%
	Do not use	Count	4	1	14	19
		% within User Category	11.4%	4.3%	24.1%	16.4%
Total	Count	35	23	58	116	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The majority of LHJ users reported the sexually transmitted disease rates as essential or very essential (84.5%), while 69.2% of other users did so. DOH users were the least likely to report this assessment topic as being essential with 33.3% reporting it was not at all or not essential and 41.7% of DOH users reporting they do not use this topic.

**q16j. STD Rates \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16j. STD Rates	Not at all essential	Count	2	1	5	0	8
		% within Agency Category	3.4%	4.5%	20.8%	.0%	6.9%
	Not essential	Count	5	4	3	3	15
		% within Agency Category	8.6%	18.2%	12.5%	25.0%	12.9%
	Essential	Count	22	5	4	1	32
		% within Agency Category	37.9%	22.7%	16.7%	8.3%	27.6%
	Very essential	Count	27	6	2	7	42
		% within Agency Category	46.6%	27.3%	8.3%	58.3%	36.2%
	Do not use	Count	2	6	10	1	19
		% within Agency Category	3.4%	27.3%	41.7%	8.3%	16.4%
Total	Count	58	22	24	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Other Communicable Disease Rates

66.7% of frequent users reported the ability to analyze other communicable disease rates was essential to very essential, while 69.6% of occasional users and 66% of infrequent users did so.

**q16k. Other Communicable Diseases \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occasional User	In-frequent User	
q16k. Other Communicable Diseases	Not at all essential	Count	2	3	4	9
		% within User Category	5.6%	13.0%	7.1%	7.8%
	Not essential	Count	6	3	4	13
		% within User Category	16.7%	13.0%	7.1%	11.3%
	Essential	Count	10	8	11	29
		% within User Category	27.8%	34.8%	19.6%	25.2%
	Very essential	Count	14	8	26	48
		% within User Category	38.9%	34.8%	46.4%	41.7%
	Do not use	Count	4	1	11	16
		% within User Category	11.1%	4.3%	19.6%	13.9%
Total	Count	36	23	56	115	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The majority of LHJ users reported the other communicable disease rates topic as essential or very essential (89.4%), while only 16.7% of DOH users did so. DOH users were the least likely to report this assessment topic as being essential with 37.5% reporting it was not at all or not essential and 45.8% of DOH users reporting they do not use this topic.

**q16k. Other Communicable Diseases \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16k. Other Communicable Diseases	Not at all essential	Count	2	2	5	0	9
		% within Agency Category	3.5%	9.1%	20.8%	.0%	7.8%
	Not essential	Count	2	4	4	3	13
		% within Agency Category	3.5%	18.2%	16.7%	25.0%	11.3%
	Essential	Count	19	5	3	2	29
		% within Agency Category	33.3%	22.7%	12.5%	16.7%	25.2%
	Very essential	Count	32	9	1	6	48
		% within Agency Category	56.1%	40.9%	4.2%	50.0%	41.7%
	Do not use	Count	2	2	11	1	16
		% within Agency Category	3.5%	9.1%	45.8%	8.3%	13.9%
Total	Count	57	22	24	12	115	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Custom Data Module

44.5% of frequent users reported the ability to analyze data using the custom data module was essential to very essential, while 43.5% of occasional users and 27.5% of in-frequent users did so.

**q16l.Custom Data Module \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16l. Custom Data Module	Not at all essential	Count	2	2	4	8
		% within User Category	5.6%	8.7%	7.0%	6.9%
	Not essential	Count	9	6	8	23
		% within User Category	25.0%	26.1%	14.0%	19.8%
	Essential	Count	10	6	6	22
		% within User Category	27.8%	26.1%	10.5%	19.0%
	Very essential	Count	6	4	10	20
		% within User Category	16.7%	17.4%	17.5%	17.2%
	Do not use	Count	9	5	29	43
		% within User Category	25.0%	21.7%	50.9%	37.1%
Total	Count	36	23	57	116	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

Over half of PH Sea-King users reported the custom data module as essential or very essential (54.5%), while 41.6% of other and 33.9% of LHJ users did so. DOH users were the least likely to report this assessment topic as being essential with 39.1% reporting it was not at all or not essential and 39.1% of DOH users reporting they do not use this topic.

**q16l.Custom Data Module \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16l. Custom Data Module	Not at all essential	Count	1	4	2	1	8
		% within Agency Category	1.7%	18.2%	8.7%	8.3%	6.9%
	Not essential	Count	15	0	7	1	23
		% within Agency Category	25.4%	.0%	30.4%	8.3%	19.8%
	Essential	Count	14	3	4	1	22
		% within Agency Category	23.7%	13.6%	17.4%	8.3%	19.0%
	Very essential	Count	6	9	1	4	20
		% within Agency Category	10.2%	40.9%	4.3%	33.3%	17.2%
	Do not use	Count	23	6	9	5	43
		% within Agency Category	39.0%	27.3%	39.1%	41.7%	37.1%
Total	Count	59	22	23	12	116	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Population Tables

83.3% of frequent users reported the ability to analyze data using the custom data module was essential to very essential, while 78.3% of occasional users and 86.6% of in-frequent users did so.

**q16m. Population Tables \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16m. Population Tables	Not at all essential	Count	2	0	1	3
		% within User Category	5.6%	.0%	1.7%	2.5%
	Not essential	Count	2	2	4	8
		% within User Category	5.6%	8.7%	6.7%	6.7%
	Essential	Count	9	8	20	37
		% within User Category	25.0%	34.8%	33.3%	31.1%
	Very essential	Count	21	10	32	63
		% within User Category	58.3%	43.5%	53.3%	52.9%
	Do not use	Count	2	3	3	8
		% within User Category	5.6%	13.0%	5.0%	6.7%
Total	Count	36	23	60	119	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

Over 90% of PHSKC users reported the population tables as essential or very essential (90.9%), while 84.6% of other, 83.3% of LHJ users, and 79.1% of DOH users did so.

**q16m. Population Tables \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16m. Population Tables	Not at all essential	Count	1	1	0	1	3
		% within Agency Category	1.7%	4.5%	.0%	7.7%	2.5%
	Not essential	Count	5	0	3	0	8
		% within Agency Category	8.3%	.0%	12.5%	.0%	6.7%
	Essential	Count	18	3	14	2	37
		% within Agency Category	30.0%	13.6%	58.3%	15.4%	31.1%
	Very essential	Count	32	17	5	9	63
		% within Agency Category	53.3%	77.3%	20.8%	69.2%	52.9%
	Do not use	Count	4	1	2	1	8
		% within Agency Category	6.7%	4.5%	8.3%	7.7%	6.7%
Total	Count	60	22	24	13	119	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Vista Overall

94.3% of frequent users reported that Vista overall was essential to very essential, while 87% of occasional users and 86.4% of in-frequent users did so.

**q16n. How essential is Vista overall \* User Category Crosstabulation**

			User Category			Total
			Frequent User	Occassional User	In-frequent User	
q16n. How essential is Vista overall	Not at all essential	Count	1	1	0	2
		% within User Category	2.9%	4.3%	.0%	1.7%
	Not essential	Count	0	1	7	8
		% within User Category	.0%	4.3%	11.9%	6.8%
	Essential	Count	4	8	21	33
		% within User Category	11.4%	34.8%	35.6%	28.2%
	Very essential	Count	29	12	30	71
		% within User Category	82.9%	52.2%	50.8%	60.7%
	Do not use	Count	1	1	1	3
		% within User Category	2.9%	4.3%	1.7%	2.6%
Total	Count	35	23	59	117	
	% within User Category	100.0%	100.0%	100.0%	100.0%	

The majority of users, regardless of agency category, reported Vista overall as being essential or very essential to fulfilling the data needs of their job. 95.5% of PHSKC, 91.7% of Other, 91.5% of LHJ, and 75% of DOH users reported Vista overall as being essential or very essential.

**q16n. How essential is Vista overall \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q16n. How essential is Vista overall	Not at all essential	Count	0	1	0	1	2
		% within Agency Category	.0%	4.5%	.0%	8.3%	1.7%
	Not essential	Count	3	0	5	0	8
		% within Agency Category	5.1%	.0%	20.8%	.0%	6.8%
	Essential	Count	15	6	9	3	33
		% within Agency Category	25.4%	27.3%	37.5%	25.0%	28.2%
	Very essential	Count	39	15	9	8	71
		% within Agency Category	66.1%	68.2%	37.5%	66.7%	60.7%
	Do not use	Count	2	0	1	0	3
		% within Agency Category	3.4%	.0%	4.2%	.0%	2.6%
Total	Count	59	22	24	12	117	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Most Useful Aspects of Vista

We offered Vista users the opportunity to tell us what they felt like was the most useful aspect of Vista to their assessment data needs. A total of 92 participants offered their insights into this question. The full text of all responses can be found in Appendix D. A few examples are listed below.

- The fact that I can quickly build a very specific query, have the count, the rate, the confidence intervals, and trend all at once.
- Being able to access the information need in a reasonable amount of time. Also being able to compare counties with others is GREAT.
- The ease of use and the speed that data can be analyzed without requiring the knowledge of STATA or SPSS. One also is confident that the methods for age-adjustment and calculations of CI is standardized and accurate.
- I don't know how to answer this question. It's all useful.
- Gathering age-specific data over periods of time. It is a pleasure to have a tool that can make this process so much easier.
- Its efficiency and interactivity. Whenever I have to use raw birth data to look at some aspect of births, and it takes me ages to write the program and analyze the data, it is clear to me what a fantastic resource VISTA is- a few clicks and useable output appears. What's not to like?

## What if Vista were No Longer Available

Survey respondents were asked to respond to the following statement: *How would it affect your work if Vista was no longer available?* This was a required field for the questionnaire, the statements from the 123 survey respondents were categorized into the following major themes. The full text of all comments can be found in Appendix E.

- Over fifty percent of the survey respondents felt that the loss of Vista as an assessment tool would cause them **more work, make it more difficult, and take them more time to do their assessment work.**  
*“Community health assessment work would be much more difficult, time consuming, and costly if Vista were not available at the local level.”*
- Twenty percent of the respondents said they would need to **go elsewhere to get the information they needed (e.g., CDC, DOH).**  
*“I would have to go to multiple sources (awkward, time consuming) to get the information I need.”*
- Over ten percent of survey respondents replied they would have to **reduce and/or limit the assessment activities they currently conduct.**  
*“It would be more difficult to access birth and death data easily...it would certainly take more time to prepare reports, and we would probably only report on those types of variables every one to two years.”*
- Less than ten percent of respondents felt that no longer having Vista as an assessment tool would have **no or minimal impact** on them.  
*“Since I only use Vista occasionally and it is not a primary tool in my job, loss of Vista would have little effect on my work.”*

The following table is a breakdown by theme and category of respondent's agency:

	LHJs	PHSKC	DOH	Other	Total
More work, take more time, more difficult	59%	63%	52%	23%	54%
Get information from elsewhere (e.g., CDC, DOH)	20%	29%	8%	31%	20%
Reduce and/or limit assessment activities	15%	4%	4%	31%	12%
No or minimal impact	3%	4%	20%	--	7%

## Vista Training

One purpose of the 2005 Vista User survey was to measure the training needs of Vista users and to find out how to best provide training. In order to do this, we asked questions addressing the user's satisfaction with the current way in which trainings have been offered. We asked them to tell us their preference for training delivery and whether or not there were specific topics, modules or utilities on which they would like additional training. Finally we asked users to offer suggestions on how we could increase their satisfaction with Vista training.



### Satisfaction with Training Content

Close to one-third of Vista users who answered this question (n = 36) indicated this question was not applicable (31%). Of the 80 users for whom this question was applicable, 92.3% of PHSKC, 71.5% of Other, 62.3% of LHJ, and 26.6% of DOH users were either satisfied or very satisfied with the content of Vista trainings.

q19a. Satisfaction with training content \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q19a. Satisfaction with training content	Very dissatisfied	Count	2	0	0	0	2
		% within Agency Category	4.4%	.0%	.0%	.0%	2.5%
	Dissatisfied	Count	1	1	0	0	2
		% within Agency Category	2.2%	7.7%	.0%	.0%	2.5%
	Neither dissatisfied or satisfied	Count	14	0	11	2	27
		% within Agency Category	31.1%	.0%	73.3%	28.6%	33.8%
	Satisfied	Count	21	7	2	3	33
		% within Agency Category	46.7%	53.8%	13.3%	42.9%	41.3%
	Very satisfied	Count	7	5	2	2	16
		% within Agency Category	15.6%	38.5%	13.3%	28.6%	20.0%
Total	Count	45	13	15	7	80	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Training Materials

30.2% of Vista users indicated this question was not applicable. Of the 81 users for whom this question was applicable, 85.7% of PHSKC, 71.5% of Other, 60% of LHJ, and 33.3% of DOH users were either satisfied or very satisfied with the Vista training materials.

Q19b. training materials \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
Q19b. training materials	Very dissatisfied	Count	2	0	0	0	2
		% within Agency Category	4.4%	.0%	.0%	.0%	2.5%
	Dissatisfied	Count	0	1	0	0	1
		% within Agency Category	.0%	7.1%	.0%	.0%	1.2%
	Neither dissatisfied or satisfied	Count	16	1	10	2	29
		% within Agency Category	35.6%	7.1%	66.7%	28.6%	35.8%
	Satisfied	Count	21	9	3	3	36
		% within Agency Category	46.7%	64.3%	20.0%	42.9%	44.4%
	Very satisfied	Count	6	3	2	2	13
		% within Agency Category	13.3%	21.4%	13.3%	28.6%	16.0%
Total	Count	45	14	15	7	81	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Training Presenters

34.2% of Vista users indicated this question was not applicable. Of the 75 users for whom this question was applicable, 91.7% of PHSKC, 71.5% of Other, 58.1% of LHJ, and 53.9% of DOH users were either satisfied or very satisfied with the presenters for the Vista trainings.

**q19c. training presenters \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q19c. training presenters	Very dissatisfied	Count	2	0	0	0	2
		% within Agency Category	4.7%	.0%	.0%	.0%	2.7%
	Dissatisfied	Count	1	1	1	0	3
		% within Agency Category	2.3%	8.3%	7.7%	.0%	4.0%
	Neither dissatisfied or satisfied	Count	15	0	5	2	22
		% within Agency Category	34.9%	.0%	38.5%	28.6%	29.3%
	Satisfied	Count	17	5	4	3	29
		% within Agency Category	39.5%	41.7%	30.8%	42.9%	38.7%
	Very satisfied	Count	8	6	3	2	19
		% within Agency Category	18.6%	50.0%	23.1%	28.6%	25.3%
Total	Count	43	12	13	7	75	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Frequency of Vista Trainings

34.5% of Vista users indicated this question was not applicable. Of the 76 users for whom this question was applicable, 45.5% of PHSKC and 34.7% of LHJ users were either satisfied or very satisfied with the frequency of Vista trainings. 60% of Other and 14.3% of DOH users were satisfied, 0% being very satisfied.

**q19d. frequency of trainings offered \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q19d. frequency of trainings offered	Very dissatisfied	Count	3	0	0	0	3
		% within Agency Category	6.5%	.0%	.0%	.0%	3.9%
	Dissatisfied	Count	6	3	3	0	12
		% within Agency Category	13.0%	27.3%	21.4%	.0%	15.8%
	Neither dissatisfied or satisfied	Count	21	3	9	2	35
		% within Agency Category	45.7%	27.3%	64.3%	40.0%	46.1%
	Satisfied	Count	14	3	2	3	22
		% within Agency Category	30.4%	27.3%	14.3%	60.0%	28.9%
	Very satisfied	Count	2	2	0	0	4
		% within Agency Category	4.3%	18.2%	.0%	.0%	5.3%
Total	Count	46	11	14	5	76	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Vista Training Overall

29.9% of Vista users indicated this question was not applicable. Of the 82 users for whom this question was applicable, 84.6% of PHSKC, 71.5% of Other, 56.6% of LHJ, and 37.6% of DOH users were either satisfied or very satisfied with Vista training overall.

**q19e. training overall \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q19e. training overall	Very dissatisfied	Count	2	0	0	0	2
		% within Agency Category	4.3%	.0%	.0%	.0%	2.4%
	Dissatisfied	Count	2	1	1	0	4
		% within Agency Category	4.3%	7.7%	6.3%	.0%	4.9%
	Neither dissatisfied or satisfied	Count	16	1	9	2	28
		% within Agency Category	34.8%	7.7%	56.3%	28.6%	34.1%
	Satisfied	Count	21	8	5	3	37
		% within Agency Category	45.7%	61.5%	31.3%	42.9%	45.1%
	Very satisfied	Count	5	3	1	2	11
		% within Agency Category	10.9%	23.1%	6.3%	28.6%	13.4%
Total		Count	46	13	16	7	82
		% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%

### Preferred Method of Delivering Training and Support

Out of the 123 Vista users, very few (5.7%) indicated they had no preferred method for training delivery. Regardless of user category there was consensus for the top four preferred methods. The table below provides these results.

**Percentage of Respondents Who Indicated this as a Preferred Training Delivery Method**

	LHJ	PHSKC	DOH	Other	Total
Web-based training	52.5%	<b>58.3%</b>	<b>56.0%</b>	<b>61.5%</b>	55.3%
Online Exercises	<b>55.8%</b>	41.7%	<b>56.0%</b>	53.8%	52.8%
Over the telephone technical assistance	52.5%	54.2%	44.0%	46.2%	50.4%
Vista Training Workshop	54.1%	54.2%	28.0%	30.8%	46.3%
Site Visit	34.4%	16.7%	12.0%	0.0%	22.8%
Video Training (CD)	23.0%	16.7%	24.0%	7.7%	20.3%
None	3.3%	8.3%	12.0%	0.0%	5.7%
Other type of training	3.3%	12.5%	4.0%	7.7%	5.7%

Five of the individuals who indicated some other type of preferred training delivery method offered the following comments.

- Ability to E-mail a person with questions. Or a manual for how to carry-out functions within the program itself. (That may be in there and I just haven't had to use it.)
- I don't know because I only ever had someone show me how to use it one-on-one and it is so easy to use, I haven't needed anything else.
- I have not been to training in years. I would like to see current training.
- I haven't been to training for years so it is difficult for me to comment. I have always been able to call for TA and the staff have been very helpful.
- Printed/ downloadable manuals

### Training Needs

Of the 118 respondents who answered this question, 36.4% (n = 43) said "yes" there were assessment topics, modules or utilities that they would like to use now, but felt they needed training in order to do so. The table below shows the most frequently mentioned training needs. The miscellaneous category included the following

comments: BRFSS; Environmental Health factors, water and air quality; life expectancy; mapping; and, would love a standard set of annual tables that we just meet, pull data up and put it into 'standard' tables, charts.

### Topics, Modules, and Utilities where Training is Needed (n = 38)

	Frequency	Percentage
CDM	18	47%
Streams	8	21%
Refresher/ New functions	7	18%
Combining Topics/Grouping	5	13%
Other/Misc	5	13%
Crosstabs	3	8%
Census	3	8%
YPLL	2	5%
Sub- County Pop	2	5%

### Suggestions for Increasing Satisfaction with Training

Survey respondents were asked to respond to the following statement: *If you have not participated in any Vista training, or you are less than “very satisfied” with the training opportunities available to you, please tell us why.* A total of 62 respondents provided comments that were then categorized as follows. The full text of all comments can be found in Appendix F.

- Over one-third of those respondents who made comments identified **costs, scheduling conflicts, time, etc.**, as keeping them from participating in Vista trainings  
*“I have not been able to attend Vista trainings to date due to time conflicts and competing demands.”*
- Nearly one in five respondents who made comments had **comments about trainings they attended in the past, both positive and negative.**  
*“I think the current training is excellent preparation in the use of Vista. I wish more resources were available to include additional content (e.g., basic epi and info on each dataset) in the trainings. I think this would increase users’ ability to accurately and meaningfully interpret the results of queries.”*

*“They are not happening. They are not fresh on topic. They are not broad enough.”*

- Over fifteen percent of the respondents who provided comments were **unaware of Vista training opportunities**.  
*“I have never received any Vista training, and wasn’t aware any was available.”*
- Nearly fifteen percent of the respondents who made comments felt that **Vista training was not needed, as it was easy enough to figure out how to use by yourself**.  
*“It’s not hard to get the basics of using Vista on your own. I don’t do enough community assessment work to warrant going to a formal training.”*
- About ten percent of the respondents who made comments did not participate in formal Vista training because they **learned to use Vista by using exercises and/or manual from the Vista website**.  
*“I have used the training exercises available on the Vista website.”*
- About ten percent of the respondents who made comments about Vista training felt they **will need Vista training sometime in the future**.  
*“Haven’t used Vista in awhile, but can see myself needing training and more instruction in the future.”*

## Vista Technical Support

Through the Vista Partnership there are individuals at DOH, Public Health Seattle-King County and the Spokane Regional Health district who are available to respond to technical support questions. Prior to conducting this survey the Vista Partnership was unaware of whether this support system was used. In addition to identifying the scope of the use of technical support, the Partnership also wanted to measure the satisfaction of individuals who had used the support system.

### Awareness and Use of Vista Technical Support

Respondents were asked to respond to the following question: Do you know who to contact for Vista Technical Support. Of the 119 Vista users who responded to this question 71.4% (n = 85) said “yes”.

q23b. How often have you contacted Vista Technical Support? \* Agency Category Crosstabulation

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23b. How often have you contacted Vista Technical Support?	Never	Count	8	3	2	1	14
		% within Agency Category	17.4%	17.6%	12.5%	12.5%	16.1%
	Once or twice	Count	22	8	10	7	47
		% within Agency Category	47.8%	47.1%	62.5%	87.5%	54.0%
	3 or more times	Count	16	6	4	0	26
		% within Agency Category	34.8%	35.3%	25.0%	.0%	29.9%
Total		Count	46	17	16	8	87

**q23a. Do you know who to contact for Vista Technical Support? \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23a. Do you know who to contact for Vista Technical Support?		Count	2	0	2	0	4
		% within Agency Category	3.3%	.0%	8.0%	.0%	3.3%
	No	Count	16	6	7	5	34
		% within Agency Category	26.2%	25.0%	28.0%	38.5%	27.6%
	Yes	Count	43	18	16	8	85
		% within Agency Category	70.5%	75.0%	64.0%	61.5%	69.1%
Total		Count	61	24	25	13	123
		% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%

However, when asked how often they had contacted technical support, 87 individuals responded. Most technical support users had used this service once or twice.

### Satisfaction with Content of Support Offered

Of the 73 users for whom this question was applicable, 72 responded. Of these, 83.7% of LHJ, 78.6% of PHSKC, 71.4% of DOH, and 100% of other users were either satisfied or very satisfied with the content of the technical support offered.

**q23c. Satisfaction with content of support offered \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23c. Satisfaction with content of support offered	Very dissatisfied	Count	1	0	1	0	2
		% within Agency Category	2.7%	.0%	7.1%	.0%	2.8%
	Dissatisfied	Count	0	1	0	0	1
		% within Agency Category	.0%	7.1%	.0%	.0%	1.4%
	Neither dissatisfied or satisfied	Count	5	2	3	0	10
		% within Agency Category	13.5%	14.3%	21.4%	.0%	13.9%
	Satisfied	Count	16	5	3	3	27
		% within Agency Category	43.2%	35.7%	21.4%	42.9%	37.5%
	Very satisfied	Count	15	6	7	4	32
		% within Agency Category	40.5%	42.9%	50.0%	57.1%	44.4%
Total		Count	37	14	14	7	72
		% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%

### Satisfaction with the Courtesy of Support Personnel

Of the 73 users for whom this question was applicable, 71 responded. Of these, 94.6% of LHJ, 100% of PHSKC, 78.5% of DOH, and 100% of other users were either satisfied or very satisfied with the courtesy of support personnel.

**q23d. courtesy of support personnel \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23d. courtesy of support personnel	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	2.7%	.0%	.0%	.0%	1.4%
	Neither dissatisfied or satisfied	Count	1	0	3	0	4
		% within Agency Category	2.7%	.0%	21.4%	.0%	5.6%
	Satisfied	Count	15	5	3	1	24
		% within Agency Category	40.5%	38.5%	21.4%	14.3%	33.8%
	Very satisfied	Count	20	8	8	6	42
		% within Agency Category	54.1%	61.5%	57.1%	85.7%	59.2%
Total	Count	37	13	14	7	71	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with the Timeliness of Support

Of the 73 users for whom this question was applicable, 72 responded. Of these, 89.1% of LHJ, 71.4% of PHSKC and DOH, and 85.7% of other users were either satisfied or very satisfied with the timeliness of the technical support offered.

**q23e. timeliness of support \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23e. timeliness of support	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	2.7%	.0%	.0%	.0%	1.4%
	Dissatisfied	Count	0	1	0	0	1
		% within Agency Category	.0%	7.1%	.0%	.0%	1.4%
	Neither dissatisfied or satisfied	Count	3	3	4	1	11
		% within Agency Category	8.1%	21.4%	28.6%	14.3%	15.3%
	Satisfied	Count	18	3	3	1	25
		% within Agency Category	48.6%	21.4%	21.4%	14.3%	34.7%
	Very satisfied	Count	15	7	7	5	34
		% within Agency Category	40.5%	50.0%	50.0%	71.4%	47.2%
Total	Count	37	14	14	7	72	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Technical Support Overall

Of the 73 users for whom this question was applicable, 72 responded. Of these, 86.4% of LHJ, 78.6% of PHSKC, 71.5% of DOH, and 100% of other users were either satisfied or very satisfied with Vista's technical support overall.

**q23f. technical support overall \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q23f. technical support overall	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	2.7%	.0%	.0%	.0%	1.4%
	Dissatisfied	Count	0	1	1	0	2
		% within Agency Category	.0%	7.1%	7.1%	.0%	2.8%
	Neither dissatisfied or satisfied	Count	4	2	3	0	9
		% within Agency Category	10.8%	14.3%	21.4%	.0%	12.5%
	Satisfied	Count	17	5	4	1	27
		% within Agency Category	45.9%	35.7%	28.6%	14.3%	37.5%
	Very satisfied	Count	15	6	6	6	33
		% within Agency Category	40.5%	42.9%	42.9%	85.7%	45.8%
Total	Count	37	14	14	7	72	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

## Vista Communication

The results prior to this section have already indicated problems with communication regarding training opportunities, availability of technical support, and Vista functionalities. Prior to the results of this survey the Vista partnership had not made a concerted effort to provide direct regular and ongoing communication with Vista users. In this section of questions, again we wanted to measure the satisfaction of users with the current methods of communication, identify their preferred modes of communication and gather suggestions on how to increase user satisfaction with communication.

### Satisfaction with Mode of Communication about Vista

Of the 123 Vista users responding to the survey, 112 answered this question. Of these, 62.8% of LHJ, 63.6% of PHSKC, 40% of DOH, and 72.7% of other users were either satisfied or very satisfied with the current mode of communication about Vista.

**q24a. Your satisfaction with mode of communication about Vista \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q24a. Your satisfaction with mode of communication about Vista	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	1.7%	.0%	.0%	.0%	.9%
	Dissatisfied	Count	3	2	2	0	7
		% within Agency Category	5.1%	9.1%	10.0%	.0%	6.3%
	Neither dissatisfied or satisfied	Count	18	6	10	3	37
		% within Agency Category	30.5%	27.3%	50.0%	27.3%	33.0%
	Satisfied	Count	29	9	5	2	45
		% within Agency Category	49.2%	40.9%	25.0%	18.2%	40.2%
	Very satisfied	Count	8	5	3	6	22
		% within Agency Category	13.6%	22.7%	15.0%	54.5%	19.6%
Total	Count	59	22	20	11	112	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with the Clarity of Communication about Vista

Of the 123 Vista users responding to the survey, 112 answered this question. Of these, 54.2% of LHJ, 68.2% of PHSKC, 45% of DOH, and 72.7% of other users were either satisfied or very satisfied with the clarity of communication about Vista.



**q24b. the clarity of communication about Vista \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q24b. the clarity of communication about Vista	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	1.7%	.0%	.0%	.0%	.9%
	Dissatisfied	Count	6	2	3	0	11
		% within Agency Category	10.2%	9.1%	15.0%	.0%	9.8%
	Neither dissatisfied or satisfied	Count	20	5	8	3	36
		% within Agency Category	33.9%	22.7%	40.0%	27.3%	32.1%
	Satisfied	Count	22	10	6	2	40
		% within Agency Category	37.3%	45.5%	30.0%	18.2%	35.7%
	Very satisfied	Count	10	5	3	6	24
		% within Agency Category	16.9%	22.7%	15.0%	54.5%	21.4%
Total	Count	59	22	20	11	112	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with the Frequency of Communication about Vista

Of the 123 Vista users responding to the survey, 112 answered this question. Of these, 49.2% of LHJ, 54.5% of PHSKC, 40% of DOH, and 72.7% of other users were either satisfied or very satisfied with the frequency of communication about Vista.

**q24c. the frequency of communication about Vista \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q24c. the frequency of communication about Vista	Very dissatisfied	Count	1	1	0	0	2
		% within Agency Category	1.7%	4.5%	.0%	.0%	1.8%
	Dissatisfied	Count	7	1	1	0	9
		% within Agency Category	11.9%	4.5%	5.0%	.0%	8.0%
	Neither dissatisfied or satisfied	Count	22	8	11	3	44
		% within Agency Category	37.3%	36.4%	55.0%	27.3%	39.3%
	Satisfied	Count	22	7	6	2	37
		% within Agency Category	37.3%	31.8%	30.0%	18.2%	33.0%
	Very satisfied	Count	7	5	2	6	20
		% within Agency Category	11.9%	22.7%	10.0%	54.5%	17.9%
Total	Count	59	22	20	11	112	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Satisfaction with Communication Overall about Vista

Of the 123 Vista users responding to the survey, 111 answered this question. Of these, 51.3% of LHJ, 47.4% of DOH, and 75% of other users were either satisfied or very satisfied with the communication overall about Vista.

**q24d. communication overall about Vista \* Agency Category Crosstabulation**

			Agency Category				Total
			LHJ	PH Sea-King	DOH	Other	
q24d. communication overall about Vista	Very dissatisfied	Count	1	0	0	0	1
		% within Agency Category	1.7%	.0%	.0%	.0%	.9%
	Dissatisfied	Count	6	2	1	0	9
		% within Agency Category	10.2%	9.1%	5.3%	.0%	8.1%
	Neither dissatisfied or satisfied	Count	22	8	9	3	42
		% within Agency Category	37.3%	36.4%	47.4%	27.3%	37.8%
	Satisfied	Count	22	7	6	2	37
		% within Agency Category	37.3%	31.8%	31.6%	18.2%	33.3%
	Very satisfied	Count	8	5	3	6	22
		% within Agency Category	13.6%	22.7%	15.8%	54.5%	19.8%
Total	Count	59	22	19	11	111	
	% within Agency Category	100.0%	100.0%	100.0%	100.0%	100.0%	

### Preferred Mode of Communication About Vista

Vista users were asked the following question: What is the best way to communicate with you about Vista? The mode of communication most preferred by all users regardless of user category was by email on new releases.

Five individuals did provide other suggestions for communication, these were; 1) maybe a newsletter or fact sheets on recent updates or how to do things, 2) monthly electronic newsletter, 3) notes in Vista, 4) notify me about updates when I login, and 5) reminder: not everyone is on the wa-assess list serve.

The table below shows the distribution of respondents who indicated each preferred mode of communication.

**Percentage of Respondents Who Indicated this as a Preferred Mode of Communication About Vista**

	<b>LHJ</b>	<b>PHSKC</b>	<b>DOH</b>	<b>Other</b>	<b>Total</b>
E-mail on new releases	59.0%	75.0%	48.0%	76.9%	61.8%
Quarterly e-mail with updates	41.0%	58.3%	44.0%	38.5%	44.7%
WA-ASSESS Listserv	62.3%	12.5%	48.8%	7.7%	41.5%
Other mode of communication	1.6%	8.3%	8.0%	0.0%	4.1%

**Suggestions for Increasing Satisfactions with Communication about Vista**

Respondents were asked to respond to the following statement: Please tell us how we could increase your satisfaction with our communications with you regarding Vista. A total of 47 people shared their insights with us.

The comments focused on five main themes; 1) communication has been disrupted due to staff turnover, 2) communication is adequate, 3) more frequent communication is needed, 4) many users don't know who to contact for help, and 5) suggestions for communication.

The full text of all comments can be found in Appendix G. Examples of the themes identified above are listed below.

- Since VISTA lost its permanent coordinator and there has been someone filling that role temporarily, I have seen a large decrease in the adequateness and timeliness of TA. The temp person doesn't have the expertise, training, or support to adequately fill this role. When we had a permanent and qualified coordinator, VISTA ran much smoother and support and TA was available. Right now I do not bother asking for TA from DOH because it is not available and is a waste of time. Please hire qualified full time VISTA person.
- I am satisfied with the information I currently receive
- I don't feel the Vista Partnership has been very communicative with Vista users. Hopefully the new coordinator will keep users better informed. Perhaps with a monthly newsletter.
- Seems like its been quite awhile since anything was sent out on the WA-Assess listserv regarding Vista. Who is the Vista coordinator now?
- It would be nice to get quarterly updates to remind me of data that has been updated, tips, etc. I want to use the most current data available for my projects and if I know the death data has been updated I can go in and update my graphs. I'm also not sure who I'm supposed to contact for support even though I call the people I know like Alicia, Ann, etc.

**Additional Comments/Other Feedback**

We offered Vista users the opportunity to provide additional comments or other feedback and 33 people shared their thoughts with us.

The comments focused on three main themes; 1) support for Vista, 2) programming suggestions, and 3) the need for a stable and qualified Vista coordinator.

The full text of all comments can be found in Appendix H. Examples of the themes identified above are listed below.

- Vista is a very important tool to us all I would hate to think about where assessment in WA would be without it. Thank you to those who have diligently strove to keep it alive. It is a great partnership.
- This is a dynamic tool that has been extremely useful to this organization and to my job specifically.
- Put in a proper test of significance for counties vs. the whole state.
- Previously stated: Would like to see Vista's current capacity increased to include: 1) mapping, 2) charts/graphs, 3) health report card function, 4) survey data (BRFS/HYS), 5) SF4 census data, 6) health surveillance alert feature, 7) report output that allows for web dissemination, 8) population forecast feature, and 9) expansion of custom data module to allow for importing of standard datasets (e.g., natality, mortality, etc).
- Please reduce the number of updates that require administrative rights to perform. These are a challenge as our these rights are increasingly limited and create and it takes considerable time to schedule updates to be implemented.
- Need full time coordinator, who is qualified for the position. Need adequate and continued funding for VISTA which is essential to my work.
- Need a dedicated consistent coordinator with appropriate skills

## Appendix A – Typical Use of Vista

Q11. Describe how you use Vista. Please describe a typical use of Vista including what question you were seeking to answer, who it was for, and when it was.
Last week I used Vista to generate asthma averaged death rates for Pierce County and Washington State. I created 3-year rolling averages for 1982-2003 and included confidence intervals. We are able to use the data to see that asthma rates for Pierce are increasing while WA rates are leveling out -- and compare our rate to the HP2010 goal. We are using this as one of our environmental health indicators to track over time.
Utilize all information that is available on Vista.
I download your demographic estimates
Disease rates; disparities of disease rates; trends in rates; particularly valuable is sub-county data sets
Cancer incidence in a specified geographic area in response to request from member of public
Whatcom County doesn't have staff dedicated to assessment. When health staff need data, they often come to me. Vista is one of the tools I use to get WA State health data...
Checking case rates for each county and the State for gonorrhea, chlamydia and syphilis.
Typically, we need to know the breakdown of the county population by race/ethnicity and age groups for the current year and the past year. Lately these projected numbers have not been available as I need them. We use them in quarterly reports to show the distribution of the underlying population and to compare to the population that we serve.
Several weeks ago a co-worker requested death rates for Parkinson's disease.
What are the teen pregnancy rates and are they changing overtime? For Fist Steps program within the health district. Within the past 6 mo
Alcohol and Drug Related Hosp discharges, for epi reports I write. It's been more than a year, but will be using again soon.
Analyzing trends in racial disparities in infant mortality to determine the direction of the trends, for the department of Public Health and community coalition to address infant mortality, in 2004, DataWatch published October,2004.
an agency requested ethnicity-linked data for teen pregnancies
I am not the primary user of VISTA in the organization, but I use it to respond to requests for such things as demographic information, '10 leading causes of death' type questions, disease rates and so forth. Example: I was asked for figures on the 'Ten Leading Causes of Death in Okanogan County in 1990 and 2000'. I used VISTA to generate the statistics, and used the resulting Excel tables to make a graph plus data chart for the requestor.
Gather stats needed for Community Health Center funding applications.
Mostly I have used VISTA to verify some result a researcher got. I also very occasionally use it for a quick analysis.
Usually simple crosstabs between a disease category and a population demographic. Example - Number of < 18 with asthma, diabetes, etc.

Generally, I'm looking at Infant Mortality rates for King County by year and race. I also look specifically at SIDS deaths.
I use Vista to update fact sheets on county and state indicators. With the addition of zip code data I have begun using that feature as well. I also use Vista to supplement population data from Census and OFM. We receive data requests from the community, such as cancer incidence rates and mortality rates, and Vista is an easy and accurate tool for answering these requests.
writing reports
Needed to know how many very low birth weight births occurred in the county by race and changes in the number over time to put into a proposal focused on preconceptional health.
Gathering information for data reports, and national performance measures for the MCH Block Grant Needs Assessment.
I am currently compiling age-specific rates of hospitalization for children with chronic conditions, for all counties, using the CSHCN module. This information will be included in an assessment report for the DOH's CSHCN program. I sometimes get requests from colleagues for age-specific population estimates for a county or the state for particular years.
I usually try Vista first for local data and specific analysis when known and requested outside the Department. The data requests are often for more recent quantitative data sets than are available from Vista. For this reason, I confirm the user's ability to accept estimates, or how recent they need the numbers to reflect, and calculate estimates from Vista data when available or seek OFM or other data sites with more recent data available for manipulation according to DOH guidelines, then cite the limitations when providing the information to the end user.
Public Inquiry comes in requesting number of motor vehicle deaths or hospitalization for County. Usually the data requestor is from another agency, such as the traffic planning committee. This is a current request that I just received.
Information about number of low-income families in county.
Most of the requests are for state data in preparation for grant applications. Much of the data is pregnancy and birth data with outcomes. Most asking for data are not being very broad in their thought and questions so I have asked exactly what do you want and tell them what is available. It blows them out of the water as to what is available.
To look at disease rates by age. Will be very interested to use custom data sets.
Frequency of deaths from cancer in a specific city as compared to the county and state.
Recently responded to a request for information from within our dept. Wanted to see if Pierce Co. met the criteria for a grant having to do with providing interventions to communities with high infant mortality rates. I ran some data in Vista on infant mortality rates by race/ethnicity and by age of mother.
I'm just completing a large request for a local hospital which is doing a community profile as part of its needs assessment. It asked for various vital statistics indicators (births, teen births, birth risk factors, deaths, hospitalizations, life expectancy, hepatitis, TB and STDs) by a zip code grouping, as well as for King County and the State.
Especially use for census data. Example: Number of men of certain ages for HIV prevalence estimates.

I was first introduced to Vista when I was writing my MPH thesis at UW on income inequality and health in Washington State in 2003. Since then, I have used it infrequently to update data in order to publish my thesis or give presentations. Thank you. It is an amazing data base. I am now about to start Vista for my environmental justice work here in Washington State. I came from the environmental consulting field and at this point, env consultants do not know how to use health data to make a point. I am in the process of combining my environmental skills with the Vista data base in order to show that there are health issues with specific populations who have been exposed to contamination in a variety of ways.
Requests from the public and other government agencies about communicable disease rates and trends over time.
IN my work with a local community organization, Pathways 2020, I have used the data source to assist in presentations, community mobilization.
I am an infrequent user of Vista. I have used it as a comparison tool to evaluate whether my data results are reasonable. Most recently I was doing some analysis on CHARS data for asthma burden. Although the particular data I was looking for was slightly different than what Vista provides, I was able to tell that my first try was way off target and there was something wrong with my program. I found the problem with my programming and was pleased to find that my results looked similar to what was available in Vista.
The last time I used Vista was to look at the amount of food borne illness rates in Washington State and Spokane County. I would say it was a year ago.
Have not started using it.
Currently, I'm using Vista to access 2000 Census data to do the analysis for several indicators to be included in the assessment report, 'Health of King County'.
My work with community groups and physicians has necessitated being able to supply them with population-based information. I have used the VISTA information to supply teen pregnancy rates in a geographical area for a community service group.
A typical use of Vista would be for example, showing the trend of STD rates among males and females in Grays Harbor County. The rates were for a high school project that some students were envolved in. Often times I need to show trends among health issues in our county as well.
To obtain trend data on communicable diseases
Have not used lately - not since last update. Haven't gotten IT to install new files on my pc. Have used in past to look at cancer rates, mortality rates, etc. as a function of reviewing claims made by participants in CN applications
common data generated: various health indicator data, current or trends. questions/requests from: general public, grant seeking agencies or internal to dept. common uses: community assessments, grants, education projects, stakenolder decision support.
I use VISTA to find outcomes of mental illness for children and youth such as hospitalizations and suicides.
Obtain certain population figures for use as denominators with my internal data. Especially helpful for King County 'Health Planning Areas' Obtain summary STD or TB data.

I use Vista in a number of ways. My most frequent use, however, involves producing denominators for rates that I calculate with other software. An example is the STD epidemiology report that I prepared for the PHSKC STD program. I was seeking to describe the epidemiology of several STDs in King County over time and I needed annual population information for the population, as well as many subpopulations. I worked on this report last fall.
Community requests for specific information. I used it frequently until it became web based, and have not followed up on how to access it.
Typically, an employee of the Health Department, or university student, or grant writer asks me for data specific to Pierce County population, like age/sex death rates in Lakewood, or teenager pregnancy rates in Tacoma, Pierce County and Washington State, or leading causes of death in University Place.
It may be looking at population info for counties or individuals or organizations looking for birth risk factors in a certain age group.
Baseline communicable disease crude rates for Region 8, 2003
I use Vista for responding to data requests for health information for our county, state, and below the county level. The last question I answered was looking at prostate, lung, and breast cancer deaths for my county.
Usual questions are from out of the agency - wanting information/statistics by county.
Use of statistical information on state trends, health disparities, etc. for MCH populations. example: MCH Data Report
I'm using Vista to update our health status report. Most recently, I have looked at causes of death and hospitalization data for our county compared to the state
I use Vista for several purposes: creating health assessment reports (which I would characterize as 'fishing expeditions'), answering specific questions in preparing for public presentations or in response to an internal/external question. We receive a fair number of requests for assistance with grant reports. We also use the data to assist local agencies to estimate the need for specific services.
I often check VISTA just to see what is the most recent year of data available in a particular data system. Recently, I've used VISTA to check or enhance some analyses that have done for our upcoming Burden of Asthma report.
In teaching the Epidemiology section of the PRECEDE/PROCEED Medel, I bring the students into a lab on campus. They set the variables for their inquiry, and I run the actual program.
I use Vista to generate the stats that I need (birth, death, communicable disease, hospital discharges, population) depending on what I have been asked about or what report I am trying to prepare.
I used to use Vista alot, but in current role use it infrequently. Vista uses are basically for PH assessment.
Example 1: January 2005; guiding question: What are recent trends and current status for Pierce County around all notifiable communicable disease conditions? Requesting audience: internal program managers and fellow epid staff, to inform processes of strategic planning relevant to disease burden Function: ran 1 and 3 year incidence and mortality rates as indicated for all VISTA available communicable disease outcomes.



The past week I used it to respond to a school district request for population data by age, I used it for the Am. Cancer Association who wanted regional breakouts of cancer mortality and incidence and used it for our health department key indicators report
To update the vital statistics trends in our county which are displayed on our website
Questions come up from time to time regarding causes of death, in particular. Because the counties I work with have such a skewed population, a data and statistical tool like VISTA is great to contrast and compare my county with other counties or the state as a whole. Hospitals in particular like this data.
I use Vista to stay abreast of changes to the software in order to promote Vista's use.
I use VISTA to get death and birth data, and other health indicators and compare these with state and national data, in order to describe community health needs in Chelan County.
I use Vista mostly for providing data to community partners regarding birth and death statistics.
I do it to often to give this kind of detail. Birth data would be an example.
Ideally, to be able to use the VISTA denominator data on King County populations to calculate incidence rates--but I have yet to learn how to upload more recent TB counts into VISTA
teen pregnancy rates for grant application from local social service agency
Seeking to answer: what was the rate of maternal smoking by African-American women, 1998-2003; Factual tabulations; January 2005.
Updating community health assessment data brochures for mortality and natality. These are prepared and are then available to distribute for data requests or on website as needed.
Mortality and hospitalization data related to child injuries- maternal and infant outcomes from birth certificates.
Number of SIDS deaths for the state and county, for a local county who noticed an increase in SIDS, two weeks ago.
I used vista to calculate asthma hospitalization and death rates for WA
Population specifics per locale: gender, age and ethnicity information. I've also looked for some illness specifics, like cancers.
I might use VISTA to examine hospitalizations for asthma for presentations I do.
To answer simple, focussed questions such as 'What was the county age-adjusted mortality rate in 2000?'
Teen Pregnancy Rate including confidence intervals March 03, BOH Family Planning Report
Trend analysis for infant mortality for a data request from within the Department of Health.
for historical trends of communicable diseases
RATES FOR COUNTY CD DATA LOOKING FOR CHANGES IN RATES TO DETERMINE IF OUTBREAK OR CLUSTER POPULATION BREAK DOWNS COMPARISON OF COUNTY DATA TO STATE
POPULATION DATA FOR STATISTICS

In the last couple of weeks I had a request from the media for information on diabetes and alzheimers in the county. I used vista to look at where it fell in the leading causes of death and hospitalizations. Also to see if there had been a shift in the order of leading causes or either an increasing or decreasing trend in rates over time.
to find out how many children died in motor vehicle accidents to check own numbers
The South King County SafeKids Chapter requested data on childhood fatal and nonfatal injuries in their area compared to other areas in King County. This request was made in January 2005.
I use VISTA to obtain injury rates for different mechanisms of injury for a variety of uses: data requests, assesment reports, and surveillance. Typical question: what is the suicide death rate for those 10-24 for the past 5 years? Has that rate changed over time? This type of question is asked frequently by the Youth Suicide Prevention Program, and I get this or a similar question (slightly different age groups or geographic regions) every couple of months.
We started updating our county healht report last June. Since then I have used Vista to get population data, maternal health data such as fertility rates, infant birth weight and mortality. Also, I used Vista when we were estimating the need for flu vaccine in our county for the at-risk population during the recent vaccine shortage.
To identify incidence and incidence rates for selected communicable diseases for Whatcom County and Washington. Last assessed in April, 2004.
Primarily used for general health assessment of available vital statistics data and census records at county and sub-county level.
Q. What are SES-related health disparities in diabetes-related deaths in King County? This request was for background information for a meeting discussing measuring disparities in the Washington Health Foundation's new project measuring the state's health. This meeting took place last week.
Right now, I'm using Vista for our indicator project and the Health of King County. Using death, hospitalization data etc, looking at indicators by year (trends), sex, age, race/ethnicity, and geographic groupings (region, health planning area, poverty area etc. I'm also using case file input for cancer incidence data.
I typically use Vista to assist LHJ staff in accessing needed data (e.g., leading causes of death for women in Walla Walla county). I also use Vista when assisting LHJ staff in the use of Vista.
Typically I use VISTA to prepare data requested by other agencies, the public or for grant applications. For example, what is Pacific County's rate of heart disease compared to the State...
use of subcounty population data for GIS analysis
I generally use Vista when I get a request for data with rates, because Vista produces rates more easily than I can do in SAS. I also use Vista to check against our annual data tables. This year, as I was checking the numbers in Vista against ours, I discovered that our population by age for two of our counties was wrong.
local & statewide sTD data for a given span of years; I might also get this information directly from DOH STD data stewards

Recently, as I was working on my annual communicable disease summary, I used the custom data module within Vista to generate crude counts and rate, and age and sex-specific rates. Generating this report is a Department of Health public health standard for communicable disease surveillance. I started working on this project in November.
Use: Accessing birth weight data by county to present in a CSHCN Fact Sheet for public dissemination. For: Fulfilling contract work for the Washington State Department of Health. When: 2003-present, probably ongoing.
Looking up STD data for Whitman County, for reports to HCPs, during year.
I recently requested access to VISTA again in the expectation of needing some population-based data for grant applications. I thought it was easier to have access myself than ask someone else for the specific data.
I was testing to see if I could access the sub-county population estimates. A typical data run occurs when someone calls and wants to know about disease rates in Spokane County. Usually the request is for a specific disease and age group. These requests can come from any sector of our community, both public and private. I typically get at least one data request a week. The other time I use Vista a lot is when I am working on a big community assessment looking at various health indicators.
Data request from community members/ media. Information for grant applications.
Look up birth risk factors to compare the county to the state for someone at United Way
Monitoring hospitalizations for children with special needs, using the custom data module Analyzing cause-specific hospitalization rates in children over time Small area analysis of cause-specific hospitalizations in children
Looking at the trends in adolescent birth in our county, to put on our web page.
I have used Vista for several grant applications in the county. Most recently it was for cause of death data for residents. I have also used it for family planning, and a March of Dimes grant.
I mostly use VISTA with the birth data. A typical use might be to look at birth risk factors by maternal age or race over time - for a particular county, or to look at statewide trends for age and race/ethnicity together. I would do this analysis to respond to an internal or external data request.
Use Vista considerably for assessment and when information requested from the community on health issue. Generally import the EXCEL data into SPSS for analytical purposes.
I have only used Vista to see how it works because I am on the Vista Advisory Committee.
Use only once in awhile, when someone in office needs information. Haven't used it for over a year now.
I use VISTA primarily for updating my assessment work whether it be for a presentation on a targeted subject or for a publication, such as the Community Health Fact Sheets we publish periodically. VISTA also informs the work of our Board of Health Advisory Committee as they examine qualitative and quantitative health data in setting priorities for action and recommendation to the Board of Health. We receive many requests from the community too - for instance - my most recent request was last week (Feb 14th, 2005) when a school nurse from one of our small outlying communities requested trend data on teen pregnancy in Kittitas County
Information from an outside requester for county-level vital statistics.

Primarily for planning activities, most often looking at demographics within a certain population base

## Appendix B – Comments on Utilities

<b>q13. If you would like to make any comments or suggestions regarding Vista utilities please do so here.</b>
Yes, I would very much like to expand my use of Vista
Why is some of the data from 2001 or before? Sure would be helpful to update it annually
When we finally have an assessment coordinator again, I am sure that person will be using Vista frequently.
VISTA would be improved with quicker turn around on data input- so the data are as up to date as possible.
Vista offers health data at the county level that I could not get otherwise.
VISTA is instrumental in our work in terms of both accessing and analyzing the data it contains. We use VISTA most often to fulfill contract work from the State Department of Health, but we also use VISTA for other research and evaluation projects and for grant writing, albeit less frequently. I selected 'Not Aware I Could' for many options, because I don't often use VISTA, and haven't taken the time to learn all capabilities, just used it with one function in mind. Though I'm sure it would be easy to explore other options offered if I need to. Thanks very much!
VISTA is great when the data is up-to-date. I understand the problem with age by race breakdowns since the 2000 census, but it is frustrating to our staff who have to do the reports.
Vista is a great tool, the likes of which are unequalled. I would hope that resources could be found to help expand it's current capabilities more quickly (e.g., expand current program to include BRFS/HYS survey data and SF-4 census data).
The utilities meet my needs
The format is very understandable and usable. It allows data to be gathered that would be otherwise cumbersome to obtain.
Rely upon Epidemiology staff form more complex queries - mostly use Vista for simple queries that I can perform myself and not burden epi staff - Used primarily for planning, fact sheets, presentations, etc.
Once the sub-county data starts becoming available, I will use it much more often.
None - I like the tool.
None
If I had one comment to make it would be that keeping the data current is vital to whether I can use Vista or have to turn to doing data analysis in some other statistical tool.
If a specific utility is non-functional (such as recently happened for race-specific rates using 2002 data), then users should not be able to access that function.
I would very much like to learn how to use the custom data module
I would really like to use the custom data module for specialized data sets but currently need to upload some files so that I can do so.

I would love to be able to save the groupings of assesment topics so that I could use them again. I typically have to combine the intents for a mechanism of injury, for example firearm deaths (combine those from unintentional, homicide, suicide, and undetermined). Right now I'm not aware of a way to save those groupings.
I use Vista rarely, but what's there works for me.
I think it is a very valuable tool in Public Health. We have a new manager who I would like to introduce VISTA to. Is there any general information that you could send me?
I think it is a great tool. Sometimes I do need to use the actual files when I am looking at more specific, in-depth information, but in general it helps me complete requests and data needs quickly and accurately.
I really like it but since I use it so infrequently I always have to 'relearn' it.
I often access population information, i am not sure if that is the same as 'census module' I often calculate trends 'manually' after I have downloaded specific data from VISTA.
I haven't used the program yet.
I have had difficulty in creating age-specific combinations.
I find it very easy to use, however I am not a 'regular' user so often can not remember from one time to the next how to use some of the special utilities. Most of the data I prepare is pretty straight forward..
I don't know if you do this, but I would love to be able to attend a yearly seminar of Vista to be reminded about how to use specific utilities and to learn new stuff that has been added in.
I don't enjoy working in Vista but it's at the bottom of the pyramid as to what my job really is. I use it so rarely I often have to get the book out and go over the instructions again.
I could use more training on the topics above that I marked - 'didn't know that I could'. also, I've been having trouble creating age-specific combinations.
I am very thankful for having this resource available for times when I need it.
I am a data supplier, so I do not feel that my answers are indicative of the typical VISTA user.
frustrating to have to choose geographic unit before selecting allcriteria for query
Check the accuracy of the computations for 'All Cases' in the custom data packet for children with special needs hospitalizations - it currently generates the total of all hospitalizations and is not specific to the total for the diagnostic categories of the special needs grouping
As always, more training is always welcome, I am still feeling like a newby, often when navigating the possibilities in Vista.
Again, as a new user I anticipate using the above utilities marked as 'rarely'
Add mother's education level, place of birth by co of residence variables to Vista; get annual data up sooner rather than later.
add american community survey capacity to 'census module'
1) The specialized utilities I have tried in the past (e.g. creating age groupings) have not seemed user friendly, with accompanying 'help' guides that are somewhat cryptic and too abbreviated. 'Help' could be expanded and improved.

## Appendix C – Suggestions for Increasing Satisfaction

<b>Q15. If you are less than 'very satisfied' with any aspect of Vista, please tell us what needs to be done to increase your satisfaction.</b>
Access, and more types of data
Allow selection of nonfatal hospitalizations.
Always want more data - like today received a request for emergency room data - not in Vista.
As an occasional user, I struggle to remember how to do things. b
As we move towards more people using the custom data module, there may be a need to add assessment topics. Also, Vista can output in a grid format, not just Excel.
Break out the topics by 'top 10 causes' or a CDC Defined priority listing.
Death tables need some coding work; CHARS; Cross tabs need work or education; Quicker turnaround of posting new years of data;
Ease of use, although it is easy to use I know there is functionality that I don't know how to use, nor do I know where to find a list of all the possibilities.
Excel output for LB and UB could be more convenient. For example, the confidence interval could be produced directly (in addition to bounds)for use in generating error bars (otherwise I have to have Excel calculate this interval based on the LB and UB).
Excel output is sometimes confusing, especially titles for confidence intervals, etc. Assessment topics - need more population projections/estimates for current and future years. Ease of use, confusing when making groups and doing things in the right order or else have to choose again.
Excel output: It would be helpful to be able to more completely manipulate the way the output appears in the spreadsheet - i.e. creating two sections of rows for male and female case counts and rates, rather than having them appear in the same row. Ease of use: The interface is sometimes confusing. I'm not sure that I still understand the order in which things must be selected in order to launch Vista. Often I start out by selecting one thing (i.e. geography or age groups), and then have to go back and re-select the same thing when I realize that I was supposed to select that particular variable after something else.
For the hospitalization data, I would like to have the mechanisms of injury (drowning, firearm, etc.) broken out by intent (unintentional, homicide, suicide, undetermined and legal/war) like it is for the death data.
Have most current data sets available.
Haven't used it enough to have an opinion.
I always find that I need to rework the excel tables before I can release them to anyone. One suggestion would be to reset the footnotes - right now they print on 2 pages.
I don't think I have the knowledge how to use Vista in its full capacity. There probably are lots of things one can do with Vista that I am not aware of.

I have had some difficulty in getting assistance with questions about how certain things in Vista work.
I haven't used Vista in awhile so I might be saying something totally ignorant --- but there were certain BRFSS indicators (smoking, obesity, social cohesion, etc) that would be cool to take from Vista.
I haven't used Vista often enough to be able to get what I want out of it.
I just don't feel i use Vista enough so i don't feel particularly proficient when using it and i am sure i could be doing more.
I just need more guidance on the possibilities, and some hands on training that I have not made it to when offered due to conflicts. My comfort level is not up there with the more practiced users, so I try to save time by looking elsewhere, or simply qualify the data I can provide to the end user.
I just need to learn it.
I just need to use it more so I become more familiar with the tool
I really need to learn to better use it. I've lost the know how pretty much, when it seemed that several changes - updates were happening at once and I couldn't keep up. I suspect I under use it and could benefit more from it if I better understood all the features, and how to get what I want more easily.
I think I need more training on Vista to feel comfortable with the program. For training it comes down to time and cost for my department.
I think the Excel output is difficult to work with for some users - more automated charting and mapping options would be helpful. I feel that the user interface is fairly easy to use, though it's growing more complex over time as new options and features are added. My overall satisfaction with Vista is less than 'very satisfied' due to recent delays in updating data and addressing user requests (e.g., adding mapping functionality).
I think VISTA is easy to use and provides great output. However it does not contain all the population data i need (so i go to <a href="http://www.census.gov">www.census.gov</a> ), and obviously it does not contain my HIV data for crunching. (I am aware of the custom module but haven't decided if that would decrease my workload)
I would like to see the Custom Data Module used to disseminate cancer registry data. Also would like to see survey data in Vista. We have had many problems with fielding population estimates and with getting the numerator data up to date, although we are working very hard on this and hope to make faster progress as we debug the programs producing this data. It is very important to recruit and hire a full-time permanent statewide Vista coordinator to help in this projects.
I'd like to see other data sets incorporated into Vista - Medicaid enrollees, child abuse referrals accepted, WIC participants, immunization status from CHILD Profile.



If the ICD codes for mental health hospitalizations were broken down more it would be helpful (depression for example is very different than schizophrenia.) I find the format for entering in information in VISTA to be sometimes confusing (for example, when I check age groupings, I sometimes don't know if I'm going to get the entire age group in a single combined output, or if I'll get all of the age groups I've chosen but in separate subsets.) VISTA overall - I like it but for the reasons above, I put satisfied than very satisfied.

I'm thinking in particular about the fact that the new output does not give an average annual count or average annual population when combining years. This can be very misleading.

Include BRFSS and more Census data

More assessment topics

More on mental health, respiratory infections, dental disease, obesity and skin disorders.

more options for topics to select and group

more up to date data sources

My use is rare so I can't respond as to what is missing or not.

My use of the output features is dependent on my level of expertise in Excel and not reflective of the VISTA program.

Need CHARS data.

not very intuitive to use. I would rather have less data easier to use

nothing

Our own CD data goes to the state and comes back to Vista, and it usually doesn't match ours, since they count cases by onset date and we count cases by report date. Always was a problem. Still is. That's why custom data sets are of interest.

Re: Vista's Excel output - it would be less cumbersome if the Excel output with confidence intervals did not just give you the values of the upper and lower bounds. When using Excel to graph it is more useful to have the difference in value between a rate and the lower or upper bounds because this is what Excel needs to display error bars.

Since I use Vista infrequently, my problems with ease of use may be related to unfamiliarity. I have found it frustrating to get it running. It might help to have the sequence of choosing information indicated numbers. Setting up a session isn't intuitive.

Suggestions given in recognition that I do not know Vista capacities entirely. Please excuse for suggestions that already exist. 1) Expand and clarify the help section 2) Add the capacity to group specific ICD outcomes into clusters to match Healthy People 2010 objectives.

The data is not kept current. The communication about what is available and when is non-existent.
The garish colors bother me. The menus are kind of clunky -- but they work and that's what really matters. I forget how to do things because a lot of time passes between uses of VISTA
The headers on the excell output require cleaning up to facilitate imports to other stat packages
the only difficulty is when the data are not as up-to-date as possible
There could be more in-depth topics, such as Medicaid births, and the output could look nicer. But as far as my needs, it is great.
There is always more that can be done with any tool - the data can be kept more current to keep the assessment topic current, additional data can be added to increase the flexibility for doing community level analysis, etc. I would love to see the communicable disease and CHARS modules updated and more sub-county data available (so that we can do more comparison at Pierce County).
Timeliness of data. Having 'current' data available more quickly. It is now 2005 and we only very recently did we get 2003 data. Have comparisons using p-values rather than just confidence intervals.
Updates to information that is currently in Vista need to be made sooner.
Vista's ease of use could be a little better especially for beginners learning to use Vista.
What I think would be a fine addition to VISTA is the ability to group ICD codes in the hospitalization section. Right now the user has to employ the ones built into VISTA.
When I want to compare my county's results to the state's for multiple years, its not easy to read the results because the data does not sit side by side. For example, the state's data is given in the first few cells for the years that I requested followed by my counties results. It would be nice if the results for each year for the state and my county were next to eachother. See example below: WA 1998 WA 1999 WA 2000 Kitsap 1998 Kitsap 1999 Kitsap 2000 It would be better if they read like this: WA 1998 Kitsap 1998 WA 1999 Kitsap 1999 WA 2000 Kitsap 2000
Would like the ICD codes used placed in the VISTA output
Would like to see BRFSS data available via VISTA.
Would like to see Vista's current capacity increased to include: 1) mapping, 2) charts/graphs, 3) health report card function, 4) survey data (BRFS/HYS), 5) SF4 census data, 6) health surveillance alert feature, 7) report output that allows for web dissemination, 8) population forecast feature, and 9) expansion of custom data module to allow for importing of standard datasets (e.g., natality, mortality, etc).
Would love mapping and generation of tables/charts instead of straight Excel tables

## Appendix D – Most Useful Aspects

<b>q17. What aspect of Vista is most useful to you for your assessment data needs?</b>
Ability to address population subgroup X disease/risk factor with geographic and time trend comparisons
Ability to generate rates, and trends over time.
Ability to use raw data we already have in a statistical package that allows for apples to apples comparison with other counties or the state as a whole.
Ability using rates for comparison to state and other geographical data sets.
all
All aspects are useful.
All is useful
Being able to access a broad range of public health data through a single interface.
Being able to access the information need in a reasonable amount of time. Also being able to compare counties with others is GREAT....
Being able to answer outside inquiries about county level vital statistics
Being able to compare local rates of communicable disease with state rates.
Being able to customize geographic areas and customized data module (case file input).
Being able to get data easily online- not depend on a person to send it to me. In excel format so can do other functions.
Being able to get population data
Being able to group data into the groupings I want (years, ages, gender, regions)
Being able to select target area ie cities, neighborhoods, school districts etc.
Birth and Death data
Calculation of rates
Census data
chars data
combining years, trends, comparing counties and states
Communicable disease data
Communicable Disease data
communicable disease rates
convenience; an incredible time-saver.
County and sub-county level data
County rates for STDs
CSHCN chronic grouper module, by county capability, chronic hospitalization information
Disease specific info
Don't know yet
dropping the queries into Excel!
Ease of access - all there in one place (well, mostly)>

Ease of use for analysing birth risk factors and risk factors for infant death. I need to learn how to do cross tabs as this has been a limitation for me.
ease of use...do not have to spend the time pulling multiple years of vital stats files or searching for population figures
Easy access to many critical public health datasets. Allows me to quickly generate answers to data requests.
Fertility and mortality modules
Fertility rates, death rates, and birth risk factors.
Gathering age-specific data over periods of time. It is a pleasure to have a tool that can make this process so much easier.
Geographic breakdown of data.
Have the data in Excel for very easy graphing. `
Having ready access to easily run data, having the output be in Excel is great!
Having the data ready for analysis - don't have to go looking for population data and tie it to the correct numerator data.
Hospitalization data for right now, but I use alot of the data in Vista from time to time
Hospitalization data for mental health.
Hospitalization data, birth risk factors, infant death, and population data.
hospitalization, death rates and census data
hospitalization and death rates
I am a fairly infrequent user but have used and want to continue to use it on occasion. I have used it many times when I have had meetings in my office and community agency folks are asking questions that this tool allows me to offer.
I appreciate the ease of having Vista 'at my fingertips' to find data.
I don't know how to answer this question. It's all useful.
I use Vista mainly when doing Fact Sheets and when working on grant applications.
It is easily accessible and we can use it to analyze sub-county data for Pierce County which is great! The data exporting into excel allows for easy graphing and mapping.
Its efficiency and interactivity. Whenever I have to use raw birth data to look at some aspect of births, and it takes me ages to write the program and analyze the data, it is clear to me what a fantastic resource VISTA is- a few clicks and useable output appears. What's not to like?
just that it is available
Life expectancy and trend analyses
Linked birth death data
Local data
Maternal Smoking by County and Washington State, Multiple Years (listed singly)
Mortality, population, birth risks
Most requests I received were birth and pregnancy data.

Most useful is that Vista is available when I need it albiet infrequently. Vista also houses birth certificate data
number of factors available
Population dats is the most useful. I work with mental health and substance abuse, so many public health topics do not apply. We do look at suicide rates, hospitalization rates for psychiatric hospitalizations and some other topics. Psychiatric hospitalization data is not complete because it does not include evaluation & treatment information. I don't think it includes Western State hospital either.
Population figures, especially bridged racial estiamtes.
population tables, death rates, hospitalization rates.
Producing geography-specific case counts and rates.
quick access to assessment data to validate local data for general assessment, data and press requests, etc. etc
quick and easy access
Quick and easy access to relatively current rates, counts and confidence intervals on a variety of assessment topics, especially STD, communicable diseases and mortality. The ability to analyze with ease by gender, age groups is also very valuable.
RATES
Reliable, cusomizable data analysis that quickly meets our needs for descriptive epi analysis.
Since I am unaware of the full functions of Vista, I find death and hosptalization rates most valuable to meet our limited assessment needs
small area analysis
sub-county data sets
sub-county population estimates
That I am able to generate rates and percents quickly and I am able to group multiple years together easily.
The ability to calculate specific disease rates/trends, tied to specific areas where possible
The ability to quickly produce rates and compare our population's indicators with those in other Washington geographies
The ability to readily access outcomes and risk factor data across varied topics and geographies.
The ability to track trends over time specifically having data available since 1980.
the birth and mortality data
The calculations Vista does for you. Ability to group data.
The county-specific population (denominator) data that is available
The custom data module.
The ease of use and the speed that data can be analyzed without requiring the knowledge of STATA or SPSS. One also is confident that the methods for age-adjustment and calculations of CI is standardized and accurate.

The fact that I can quickly build a very specific query, have the count, the rate, the confidence intervals, and trend all at once.
The immediacy of being able to access the information when the need arises.
The most useful part of Vista for my job is that it creates injury rates for any combination of data that I need.
the trend test and just the speed at which Vista provides information.
trend data, race, ethnic, health disparity info, etc.
Unknown
Use vista quite frequently, I like its easy accessibility

## Appendix E – Effect of Not Having Vista

### Q18. How would it affect your work if Vista was no longer available?

#### Local Health Jurisdiction Responses

The data requests that come to me would have to be referred to someone at DOH who could fill them or someone here who has a statistical package and the raw data. I wouldn't be able to analyze data as easily - especially to check things out in relation to environmental factors - right now I can easily bring the data into a GIS and map it - if I didn't have Vista this work probably wouldn't occur at all. We'd be less likely to use population based data for environmental indicators.

Loss of accessible data source

lack of Vista would make my assessment work, particularly in preparing the annual County assessment much more difficult. It is the single essential tool that I have

No comparable data source

It would take longer to find the desired data... and I would be less confident about the statistical accuracy of my work.

Greatly. When my staff are not available I would not be able to supply answers to the standard questions. Also, recently we wanted to update our web tables and it was frustrating and time very consuming trying to get the outcomes data from each state program, setting up age-adjusted CI calculations. Even when we had the data and methods it took magnitudes of time longer than if we'd just had VISTA. Needless to say, I think VISTA is essential to all LHJ's regardless of their size. It is a great tool.

no comment

I'd probably have to bother people in Olympia whenever somebody asked me for VISTA type data. It would take up a good bit more of my time to get the answers for people.

It would take considerable amounts of time to derive the same rates from the Vital Statistics CD-ROMS or other data sources. There is no question I would be spending far more time on getting rates and that means less time for other essential functions of my job.

I would have to rely upon our epi staff, who are quite busy, for rather simple data requests, leading to reduced efficiency in the use of their time and talents

I would have to rely on outside reports and databases to perform any assessment work (i.e. CDC), which often means unreliable and less accurate data when it comes to county level analyses.

harder to get data

I would have to find a lot of alternate sites for the data available, and use a lot more calculations; leaving a wider potential range of error in data provided for important planning and community development decisions by policy makers.

I would have to rely on our SPSS data base for death and birth rates and with the new changes, I am a little hesitant to use it. I am not sure where I would get the hospitalization rates from? Not having Vista available would make my job extremely difficult and would take me a long time to answer public inquiries.
no comment
Assessment is extremely important to our dept. We just lost our assessment coordinator to a move and are searching desperately for someone part time. I would hope more in our dept. could learn the VISTA process. The entire community has called at one time or another for information and I would hate to lose that as we have great relationships with them.
I would have to rely on DOH to provide this data and statistical analysis of data if they had resources to do this.
Life would be alot harder, and assessments would take a lot longer.
Assessment projects would take much more time. I would not be able to respond to external and internal data requests as fast as I do now. Data consistancy would become a problem
It would be more difficult to get localized data in a quick and easy manner. I like the fact that it is an icon on my desktop and that you can access it so readily
It wold be very cumbersome to find communicable disease information. I am more likely to use Vista than get online or call the state for the data.
It would necessitate seeking that compiled information from various sources. I don't have access at this time to hospital information without VISTA. Since surveillance is now becoming increasingly important, I think the loss of this tool would be a big impact.
I would have more buttons to click in order to get the information need. With Vista It does save some time and saves alot of work.
harder to get trend data over a larger geographical area than just Snohomish County
would increase work load considerably as each data request would need to be extracted and summarized from locally maintained birth/deths data sets. special requsets for state maintained data (eg chars) would be necessary. the combined effects on our assessment group could probably be measured at the fte level.
If Vista was no longer available, I would spend significantly more time in searching data and producing information to respond to our clients.
Vista is a fabulous tool for health assessment. I think it has provided a way for even the smallest of jurisdictions to have important health information at their fingertips in a timely fashion. Not every jurisdiction has the luxury of having staff trained to use other statistical packages or the time or expertise to spend analyzing raw data. I think Vista is a great equalizer across the WA public health system. It does serve to provide each jurisdiction with a certain level of data, hense information.
It is better than the alternative of no similar data source
It would be more difficult to obtain data.



Access to County data with state comparisons would be extremely difficult! We are a small health department with no current assessment coordinator.
I would spend much more time doing calculations to arrive at a (probably less reliable) answer.
It would make my job harder. It would cause me to spend more time preparing simple calculations and I wouldn't feel I had the state to back me up if the rates weren't coming directly from the state.
It would take much more time to get the same data; possibly rely on DOH more since we are so short staffed. We could not afford to be without Vista currently due to lack of staff. Vista's ease, reliable quality data and quick access is wonderful! Thank you.
It would make the job of competent and accurate public health assessment SIGNIFICANTLY more difficult if not bordering on impossible. VISTA is an ESSENTIAL resource for public health professions in Washington State.
Unbelievably!!!! Would not be able to respond to community data requests nor use the data as much as we do internally....
We would have to rely more on our secondary method for accessing assessment data - using SPSS to analyze the data ourselves
I hate using SPSS or any other stats software. No one else in my jurisdiction has the statistical expertise to do the analysis one can do with VISTA with just a few key strokes and a little knowledge of how to use the data to answer questions. Without VISTA, we would probably just make a guess as we take a look at our local data and try to make sense of it.
It would be more difficult to access birth and death data easily...it would certainly take more time to prepare reports, and we would probably only report on those types of variables every one to two years.
Would reduce severely all ability to do high quality public health community assessment work. We do not have the technical expertise to do the work without the tool.
I have no idea where I could get information as easily
Community health assessment work would be much more difficult, time consuming, and costly if Vista were not available at the local level. We would be far less likely to answer data requests or produce periodic health assessments in a timely manner.
tasks would require more time and assistance from other co-workers to answer simple data requests
I, personally, don't use Vista much, but others in my office use it regularly and would be severely hampered if it were not available. I would like to learn how to use Vista more effectively.
I would have to request data from the state
At this point in time, it would have little impact on my work
MORE WORK DEVELOPMENT OF MULTIPLE EXCEL SPREAD SHEETS

It would take work to recode the individual datasets (birth, death...) to have the same information. Well, to have counts. Then those would have to be matched to population numbers separately to get rates.
It would make my work more complicated and time consuming if I would had to go get the data available in Vista from other sources.
I would spend a lot more time tracking down data and calculating things by hand (rates, C.I.'s, trends, etc.)
I would have to find the information elsewhere. Remember, I use Vista only rarely, so I hope you are weighing responses more heavily for more frequent users.
I would have to rely on paper data provided by the state which is typically not very timely
I would not be able to do effective analysis as we get further away from the 2000 census.
it's useful for me to have VISTA as a useful tool for colleagues within my agency who use it skillfully and often. That offers me both their enhanced expertise and by extension the technical assistance that the instrument offers.
It wouldn't affect my work because I haven't been able to use it effectively and haven't spent the time trying to figure it out.
My job would become much, much more difficult and I would not be nearly as productive. Data requests would take a lot more time and we would have to be much more selective in what data requests we would be willing to fill. Our ability to respond to data requests for grants in a timely manner would be greatly restricted. I don't even want to think about not having access to Vista!! It would be very, very difficult!
This would be VERY challenging, we would have to employ extra people just to obtain the data we get quickly and easily through VISTA. Consistency and comparability would also be lost.
no
ALOT more work. Data requests would not be answered near as quickly. I would spend a lot more time working with vital stats files and digging through vital stats reports.
I think Vista is a great resource. I would have to look for others but i like that Vista is easy to use and has county info.
Loss of Vista would significantly limit or curtail assessment activities
I wouldn't be nearly as efficient. I would spend MUCH more time mining...digging for data.
<b>Public Health Seattle-King County Responses</b>
I would have to phone the health department, the demographer and others to get the information.
It would severely and negatively impede the work that I am able to do.
No comment

Currently, I don't use VISTA on a regular basis. If I'm in a job that requires looking at Public Health trends, it would make the work much more cumbersome to try to ascertain the number of infant deaths, SIDS deaths or other childhood deaths and to look at the change over time.
I would have to ask someone else for the data that I need and would not be able to get the information in a timely way, or look at it and change the query to what I really meant, etc.
Would have to find another way to get disease rates for the county
It would be absolutely disastrous. I answer data requests and do other assessment work, and rely on being able to churn out a large volume of tables on varied topics and specifications quickly. My productivity would be drastically reduced without VISTA.
Would make it difficult to estimate incidence and prevalence for HIV.
Not having Vista will certainly decrease our ability to analyze population based data and trends in a timely manner. Vista is a very useful tool.
Not much -- I would get the information from staff epidemiologists.
It would severely hamper my work.
Workload would dramatically increase around calculating populations within health planning areas, by zip code, even by various age groups.
I would use other data sources.
no comment
To follow on the heels of question 17 - it would make data requests a lot more work, take longer, and would make responding in a timely matter sometimes impossible. I feel we wouldn't be easily able to respond to the media on the variety of assessment topics, to help with supporting data for grants, to analyze for reports... the time differential between having Vista and not having Vista is enormous.
I would likely have to resort directly to census data to calculate my denominators
It would be difficult to get the population data that I need. I don't use it often, but it is so useful when I need it.
It would be an extreme hardship.
It would make routine health assessment work considerably more cumbersome and time-consuming. Would need to do own programming to calculate rates and trends.
Assessment would be drastically slowed where it comes to looking at the assessment topics in Vista. Major reports (Health of King County) would be substantially delayed. Data requests would be delayed or go unanswered. We would have trouble meeting the assessment-related public health standards. Analytic standards between our county, other counties and DOH may not be consistent, resulting in different results from analyses and undermining the credibility of assessment overall.
Unless I have something else similar, it would make my job very difficult.
My job would be much more difficult. It would probably take me 4 to 5 time (or ever more) longer to complete analysis for our annual summary.

since I only use VISTA occasionally and it is not a primary tool in my job, loss of VISTA would have little affect on my work. However, I know that it would be a great loss in many other areas of public health.
I would have to go to multiple sources (awkward, time consuming) to get the information I need
<b>Department of Health Responses</b>
Data would not be as readily accessible. Would increase data requests of information for Vital Statistics staff - increasing their workload. Negative impact on that staff group.
I would be unable to refer LHJ staff to VISTA to solve most routine data requests. My office would be required to conduct many more custom requests. Locals would get frustrated, and stop asking for data to inform their local planning and evaluation efforts.
I would have to create the rates myself, which would take a lot longer.
It would definitely slow down my ability to respond to data erquests and to run data for reprot.
It would increase my workload probably by about 30%.
It would make more work more difficult
It would make work much more cumbersome, time-intensive, and frustrating if Vista was unavailable. It is a very valuable tool, which is greatly appreciated, and I hope that it remains available for a long time. It increases productivity, accuracy, and data utility.
It would take alot more time to do some of the owrk we need to do in our office
It would take me a lot longer to answer data requests. I would call it much wasted time.
It wouldn't.
Many LHJs rely on Vista and unless it can be replaced by software that improves the work accomplished by wise use of Vista public health practice in Washington State will suffer.
My work would take more time and it would not be a good use of resources. Many of the data requests I respond to can be answered with VISTA. Having VISTA so readily available enables me to focus my analytic time on more complex questions and other surveillance needs.
I'm afraid it would only be a minor inconvenience. As far as I know, I am the first CN analyst to use Vista.
No Comment
No impact.
Since I am not a frequent user, I could probably live without it. That having been said, I may find myself using it more in the future and think it has great potential.
Unknown
Unless some other tool with the similar functionality were available, losing Vista would mean spending a LOT more time/work ensuring LHJs have access to data for assessment.
We could adjust to another program.

We would not have another source of data for verification of our numbers.
While I do not use VISTA regularly for my job, I do feel that if it was no longer available it would hurt some folks. I feel that it is a very good tool for assessment by the LHJs. It also benefits me by decreasing the amount of information requests I get.
would have to find population information elsewhere
would have to spend many more hours gathering the data
No Comment
I get most of my data from HYS, so it wouldn't be terrible, but it would leave me in a lurch for acute care data.
<b>Other User Responses</b>
no comment
wouldn't have population data at sub-state level, and since I write multiple county level reports I wouldn't have the denominators I need.
I would have less information readily available. If I needed the same type of information, without Vista, I would have to request the raw data, process the data and get what I need; that would take a very long time. Or, I would have to get it from others who have access to data and can share the information.
I would be seriously bummed. This is an amazing data base and I hope to use it much more in the near future. In fact, I am counting on being able to use it for my environmental justice work and if I couldn't, I would have trouble marketing my work.
I would spend more time working to produce the same information in other ways.
would have to seek other data sources
I would have to rely on the LHJ to provide the data. I don't think that is the best use of their valuable time.
I would not be able to access data that is essential or required in order to qualify for federal grant funds for community health projects in Chelan County.
It would increase the amount of time I spend to gather and analyze data at least tenfold.
I would get some of the data from other sources.
Would not be able to fulfill our contract obligations to the state. Would not be able to disseminate important information to the public. Would not be able to have necessary assessment information to present in grants, to the public, or for our individual work.
This would be very bad. We are annually monitoring pediatric hospitalization rates for our contract work with DOH.
Not sure

## Appendix F – Training Suggestions

<b>q22. If you have not participated in any Vista training, or you are less than 'very satisfied' with the training opportunities available to you, please tell us why.</b>
I have not been made aware of Vista training opportunities. I would appreciate the opportunity for additional training in how to best utilize Vista's capacities. I am not part of the epi staff, so may be out of the loop on such announcements
All the trainers are not dedicated trainers. While they do a good job, training on Vista is not their primary, secondary or even tertiary job. It is just something they are asked to do. So even the trainer is often times not completely comfortable with whatever it is that is being trained. There should be resources that allow someone to really know and understand each of the Vista utilities and functionalities well enough so they can fully train users.
Availability of the trainings and the travel cost to go to the trainings. Plus supervisor's approval to attend the trainings.
Conflicts between schedules with two job titles. A plate that is too full, and not showing signs of letup. Once our health status (my first) report is complete early this summer, I hope to be able to get caught up with requests, provided no projects intercede in the meantime.
didn't feel I needed it - have been able to use Vista with current knowlege.
Don't need to, can figure it out myself.
Due to scheduling conflicts I have not been able to take in-person training. I have used the training exercises available on the Vista website.
Getting to in-person trainings is very hard. On-line and manuals are helpful.
Hasn't worked easily to attend, though I'd like to.
Haven't heard about the trainings, would like to attend them. I need a refresher course, I originally took course through PHSKC when it was a desktop application.
Haven't used Vista in awhile, but can see myself needing training and more instruction in the future.
I am a university faculty so I have had little training opportunities.
I am not aware of any training that has occurred on the East side of WA; also not aware of online training.
I did initial VISTA training some 4 1/2 years ago. Because my primary job is not data analysis, I would find it useful to have access to 'brush-ups' via web/on-line/or phone call TA
I don't have much need for Vista, and so have not pursued training. My sense of Vista is that it is good for 'finding the right number', but doesn't enable you to do anything very sophisticated with data. Maybe I'm wrong.
I don't have much time, and we currently do not have any staff time assigned to assessment. I think that VISTA has much more to offer than I have time to take advnatage of !!

I had a one on one training with PHSKC which was great but was early on in my job and I could use a refresher. I haven't attended any other Vista trainings due to location and time commitments.
I had a site visit when i first started with the Health Department but it was too brief and i was too new. It seems every training that has been offered i have unfortunately had a conflict with and haven't been able to attend.
I have attended training and would appreciate more training
I have never received any vista training, and wasn't aware any was available.
I have not been able to attend Vista trainings to date due to time conflicts and competing demands.
I have not been aware of a Vista training since I began my work at CCHD in September (2004). I have used training materials to learn the system, which have been extremely helpful.
I have not been aware of any available training, but I have only had Vista for about 8 months.
I have not participated in any Vista training mostly because the timing of the trainings was not convenient for me, and I feel like I can/know how to do everything that I need to do currently.
I have not really felt that training was necessary enough to justify the expense to my LHJ.
I have only attended one formal Vista training, about 3 years ago. Vista has been changing in that time due to various issues. That training was good, but mostly I learned what I needed by using the application. It seems that trainings I could have attended were for basic/new users and didn't seem to be a good use of my time.
I have participated in VISTA workshops. The presenter and most of the class use EXCEL every day, and are very fast with it, use lots of shortcuts. I know how to use EXCEL effectively, but I do not use it every day, or even every week at times, and it is very frustrating to end up with the rest of the class way ahead of me, with me hopelessly mired down two excercises behind them. I can't very well ask the class to slow down to my pace, so after trying such workshops a couple of times, with the same result every time, I have decided to avoid any further classroom type workshops. If I need training, I will seek it online, so I can work at my own pace and learn the material properly.
I have used Vista since June last year and the only training I have had was provided by my supervisor and the exercices online. I am aware of only one Vista workshop (in Wenatchee) which I was not able to attend.
I haven't done VISTA training for many years, and so my fluency with it is antiquated. I'd benefit from retraining.
I haven't participated in any training opportunities but I have been shown how to use it by a user, both with the old version and the new web-based version. For my simple needs it is very easy to use and I haven't felt the need for more training. But I might use the help facility if I wanted to use something I wasn't sure how to do.

I like being able to go to the internet and look at the exercises online - it is easy and quick to pull down a refresher and remind myself how to do something.
I live in a remote rural area in eastern Washington and training is not offered at a location nearby.
I participated in a Vista training session several years ago so I don't feel that I can comment on the quality of current trainings. If I wanted to get training it appears to me that there are opportunities throughout the year.
I think the current training is excellent preparation in the use of Vista. I wish more resources were available to include additional content (e.g., basic epi and info on each dataset) in the trainings. I think this would increase users' ability to accurately and meaningfully interpret the results of queries.
I took a training in Seattle in the late 1990's and have not even heard about any trainings since then.
I took the training some time ago.
I was unable to attend the joint health conference last year. Before this past year, I did not use Vista very frequently.
If my memory serves me and sometimes it doesn't, most of the trainings are offered at the Joint Conference on Health. With budget constraints the number of individuals from our office attending the Conference has decreased with those who attended one year staying home the next.
I'm a very infrequent user - Training hasn't been available in the past year at a time that I could attend.
IT HAS BEEN A LONG TIME SINCE I HAVE HAD ANY TRAINING
It has been so long since I attended a training, I could not comment.
It's not hard to get the basics of using Vista on your own. I don't do enough community assesment work to warrant going to a formal training.
It's not necessary for my work.
I've been using Vista for over 11 years - before there was training. If I have a question, I ask the Vista development team who sit a few feet away.
I've taken trainig but it was a long time ago. A web-based refresher would be what I'd be most likely to use bcasue I can do it and my own pace and in my own time.
My only complaint is I wish there were more. The one VISTA training I took at the joint conference in Wenatchee was great.
My use of VISTA is limited, and co-workers are able to demonstrate the functions I need to use.
No training offered or attended.
Not aware of them
Not aware of Vista trainings



Participated a long time ago.
Same old story with 'Dog and Pony' training: see this, isn't this neat? Aren't we wonderful? Isn't life perfect? Now go back and work on Vista in three week's time and be productive.
See last question - only work part time and haven't fit training in.
There currently are only two people that I know of doing trainings, one in Eastern WA and one in Western. While they are both FANTASTIC trainers, it seems like there is not a real organization to the system. The one in Western WA often has to put together ad hoc trainings as her time permits. It seems like there would be benefit in having a defined schedule. Also, from what I understand, the Vista budget only allows for a few trainings a biennium. I think that isn't enough.
They are not happening. They are not fresh on topic. They are not broad enough.
too difficult to get to them
Too much to do not enough people to do it. WE do everything here from clerical, outbreak control, all of the prevention programs to unplugging toilets. We would welcome more training to use the program more efficiently but not all of have the time. we do have the desire. We will be needing to train a new person to come to this position.
Training always conflicts with other activities and at the joint conference Sun is difficult. I know how to do the basics and don't want to sit through a couple of hours of what I know just to get to the special topics.
Trainings are not geared to those of us with 10 years of experience, so they go rather slowly for me.
Trainings don't happen often and are hard to get to- better to develop web-based trainings.
Vista is pretty self-explanatory and easy to use. I haven't needed a lot of training to be able to use it.
Vista training was great

## Appendix G – Communication Suggestions

<b>q26. Please tell us how we could increase your satisfaction with our communications with you regarding Vista.</b>
A somewhat regular (quarterly? semi-annually?) update would be nice that summarizes all the updates/news that trickles out in various e-mails, WA-ASSESS, etc. would be helpful-- Just something that states what version is most current, new datasets, etc.
a web page to access materials etc (apologies if this is something you have already- I did not know about it)
At this moment I can't remember the last communication I had about VISTA (which either means I haven't had any, or they haven't been sent out recently.) I couldn't comment because other than the VISTA upgrade communication I received a couple of months ago, I don't think I've received any others.
Conitnue sending individual E-mail to users.
Do it.
Email updates
First could you notify me of who the contact person is and I can go from there.
For us, Vista is an excellent program that allows us to do things we couldn't do without it. BUt it isn't utilized enough to gain adequate knowledge or experience with the system and what it has to offer. It probably isn't something that we could support sending someone for training routinely.
I am satisfied with the communications regarding Vista
I am satisfied with the information I currently receive
I am too new a user to know.
I don't feel the Vista Partnership has been very commicative with Vista users. Hopefully the new coordinator will keep users better informed. Perhaps with a monthly newsletter.
I don't use Vista that often. But I am satisfied when I do use it.
I just need to make training when opportunity arises, to get the hands on and confort level I lack.
I think a lot of the challenges around communication have come about because of the unfortunate situation of having two different Vista Coordinators leave that position within a year. I recognize that this is out of your control (unless the job is so horrible that you can't find anyone to stay in the position-but I don't think that's the issue).
I think communication would be enhanced with a quarterly progress/news report.
I think more frequent communication with users is needed. I have heard of several people who are unaware of who the current Vista Coordinator is. I think that communication regarding user support during times of transition in the Vista Coordinator position has been poor.
I think some of the problems with communication have been with turn over in staff in the recent past.

I would like to get more updates and really have Vista brought to the forefront of my thinking more often so i remember it's a great resource. I think for folks that don't get to use it all the time, this would be a real benefit.
If there was a workshop held more locally (in Mt Vernon) it would be helpful. It is difficult for our staff to attend meetings in south Seattle because of the traffic.
I'm often unsure or unclear of when new things will be available in Vista, and exactly what they are. For example - subcounty population data, custom data module...maybe having a Vista users web page that describes everything well, and the timeline...
Include me in e-mail announcements of training opportunities.
Increase training and updated info on training opportunities
It already meets my needs.
it is working fine for me as is
It would be nice to get quarterly updates to remind me of data that has been updated, tips, etc. I want to use the most current data available for my projects and if I know the death data has been updated I can go in and update my graphs. I'm also not sure who I'm supposed to contact for support even though I call the people I know like Alicia, Ann, etc.
Jump-start retraining - I have a capable VISTA proponent in my agency
Just to make sure the word does get out some way when there are new features or improvements to Vista.
Keep sending emails. I might not know what the content means, but at least I will know who to contact when something comes up. Since Julie A. left Vista, it has been difficult for me to know who to contact w/Vista questions.
Link the STD rates with crude rates when used.
More frequent email, fact sheets, newsletter, etc.
My satisfaction has been meet.
Not have a password. I haven't used it for awhile now, because I don't remember my password and I didn't know for sure who to ask. Now I will try Alicia, since she e-mailed about this survey
not hearing anything from you -- let me know what training resources are available by email and send quarterly updates if needed.
Offer consistant training classes on it.
Ongoing communication
Place the Vista manual on-line, with search capabilities, with included sections on current announcements and FAQs
Regular electronic updates.
regular e-mails
Seems like its been quite awhile since anything was sent out on the WA-Assess listserv regarding Vista. Who is the Vista coordinator now?
since I am not a regular user any more, I don't have an opinion.

Since VISTA lost its permanent coordinator and there has been someone filling that role temporarily, I have seen a large decrease in the adequateness and timeliness of TA. The temp person doesn't have the expertise, training, or support to adequately fill this role. When we had a permanent and qualified coordinator, VISTA ran much smoother and support and TA was available. Right now I do not bother asking for TA from DOH because it is not available and is a waste of time. Please hire qualified full time VISTA person.

Timelines for data release.

To actually communicate. I didn't know anything about the Vista Partnership before becoming a member of it. Vista was a tool that was available, but I had no idea about its maintenance, the planning group, Vista issues, or anything beyond I could point and click to get some data.

Up to date data availability such as current pregnancy and abortion data.

User and data notes in Vista could be updated more regularly.

You are doing a great job.

## Appendix H – Additional Comments/Other Feedback

**q27. Do you have any other comments, suggestions that you would care to share with the Vista Advisory Group and Vista's developers?**

Again--mapping and standard charts/tables/output would be nice, other than just the Excel data....

I am glad to have easy access to VISTA for the population data that is available. I just wish there were more data available in VISTA like this.

I just appreciate the work that it takes to maintain such a large and complex database.

I think it's very important to keep the data in Vista as current as possible. For example, it was great having the hospitalization data finally updated.

I think Vista is a great tool for us to use.

I'd like to see collaborations between local VISTA coordinators and folks from NGOs, to foster greater access to data by community members.

It's very convenient and efficient to have a web-based survey. Great job!

Just that timeliness for current is very important.

Keep up the great work!!!

more up to date data

need a dedicated consistent coordinator with appropriate skills

Need full time coordinator, who is qualified for the position. Need adequate and continued funding for VISTA which is essential to my work.

no, thanks for the opportunity to comment and thanks for the data base. I couldn't have done my thesis without it and I don't think I could do my new work on environmental justice without it.

No. Thanks for soliciting user feedback.

no--great product and essential for what I do

Only that it would be lovely to have some kind of training that would be easily accessible.

Please continue on the current track, it gets better and easier all the time!

Please reduce the number of updates that require administrative rights to perform. These are a challenge as our these rights are increasingly limited and create and it takes considerable time to schedule updates to be implemented.

Previously stated: Would like to see Vista's current capacity increased to include: 1) mapping, 2) charts/graphs, 3) health report card function, 4) survey data (BRFS/HYS), 5) SF4 census data, 6) health surveillance alert feature, 7) report output that allows for web dissemination, 8) population forecast feature, and 9) expansion of custom data module to allow for importing of standard datasets (e.g., natality, mortality, etc).

Put in a proper test of significance for counties vs. the whole state.

thank you for all your hard work. this tool is the envy of the world.

Thanks for all your work - VISTA is a great tool and your responsiveness to users is wonderful!

Thanks for your prompt help when I needed it.

Thanks, good job.
The census module and custom data module work this past biennium was great - i could probably use some online exercises to remind myself of all the functionality available in these 2 modules. When I have used them I've been impressed with the functionality and would like to use them more. From out here in local land - we are using and appreciate the tool - we may not see the hard work to keep the partnership going but we benefit from it! thanks!
This is a dynamic tool that has been extremely useful to this organization and to my job specifically.
This is a great tool, and on behalf of other users, thank you for making it available to us.
This product has gone down hill over the years. Very sad to see.
Vista is a fabulous resource - thank you to all who have worked on it.
Vista is a very important tool to us all I would hate to think about where assessment in WA would be without it. Thank you to those who have diligently strove to keep it alive. It is a great partnership.
Vista really is an important tool to Community Health Assessment and should be funded accordingly.
VISTA was a great way to start someone in assessment.
Without a doubt this is an invaluable tool. It would be good to have current data loaded as soon as possible (e.g. 2003 vital stats and other data sets are not yet available even though it is now February 2005).